

NOT YET SCHEDULED FOR ORAL ARGUMENT

No. 18-1125, consolidated with No. 18-1143

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**United States Court of Appeals  
for the District of Columbia Circuit**

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LONG BEACH MEMORIAL MEDICAL CENTER D/B/A MEMORIALCARE  
LONG BEACH MEDICAL CENTER & MEMORIALCARE  
MILLER CHILDREN'S AND WOMEN'S HOSPITAL LONG BEACH,  
*Petitioner/Cross-Respondent,*

v.

NATIONAL LABOR RELATIONS BOARD,  
*Respondent/Cross-Petitioner,*

and,

CALIFORNIA NURSES ASSOCIATION / NATIONAL NURSES UNITED,  
*Intervenor for Respondent.*

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*On Petition for Review and Cross-Application for Enforcement of  
an Order of the National Labor Relations Board • Case No. NLRB-21-CA-157007*

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**JOINT APPENDIX  
VOLUME II OF III – Pages 363 to 565**

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ADAM C. ABRAHMS, ESQ.  
KATHLEEN PATERNO, ESQ.  
EPSTEIN BECKER  
& GREEN, P.C.  
1925 Century Park East,  
Suite 500  
Los Angeles, California 90067-2506  
cemail@ebglaw.com  
(310) 557-9559 Telephone

*Attorneys for  
Petitioner/Cross-Respondent*

LINDA DREEBEN, ESQ.  
JULIE B. BROIDO, ESQ.  
JARED DAVID CANTOR, ESQ.  
NATIONAL LABOR RELATIONS  
BOARD  
1015 Half Street, SE  
Washington, D.C. 20570  
appellatecourt@nlrb.gov  
(202) 273-2960 Telephone

*Attorneys for  
Respondent/Cross-Petitioner*

MICAH L. BERUL, ESQ.  
NICOLE J. C. DARO, ESQ.  
PAMELA S. ALLEN, ESQ.  
CALIFORNIA NURSES  
ASSOCIATION / NATIONAL  
NURSES UNITED (CNA/NUU)  
155 Grand Avenue  
Oakland, California 94612  
mberul@nationalnursesunited.org  
(510) 273-2200 Telephone

*Attorneys for Intervenor*

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**TABLE OF CONTENTS TO JOINT APPENDIX****VOLUME I — PRE-HEARING PLEADINGS & HEARING TRANSCRIPTS**

<b>Date</b>	<b>Item</b>	<b>Page</b>
---	Certified List of the Board (June 25, 2018)	JA 1-5
7.28.2015	Charge filed by CNA/NUU (Charging Party) in NLRB Case No. 21-CA-157007 (Charge)	JA 6
9.16.2015	First Amended Charge	JA 7
10.19.2015	Second Amended Charge	JA 8
12.29.2015	Complaint and Notice of Hearing	JA 9-16
1.11.2016	Answer to Complaint	JA 17-22
3.1.2016	Order Rescheduling Hearing to April 19, 2016	JA 23-24
4.14.2016	Order Rescheduling Hearing to May 23, 2016	JA 25
5.23.2016	Transcript of Hearing before the ALJ (May 23, 2016)	JA 26-179
5.24.2016	Transcript of Hearing before the ALJ (May 24, 2016)	JA 180-362

**VOLUME II — HEARING EXHIBITS**

<b>Date</b>	<b>Item</b>	<b>Page</b>
---	GC EXH. 1	JA 363-464
---	GC EXH. 2	JA 465-466
---	GC EXH. 3	JA 467-469
---	GC EXH. 4	JA 470-472
---	GC EXH. 5	JA 473-476
---	GC EXH. 6	JA 477-479
---	GC EXH. 7	JA 480
---	GC EXH. 8	JA 481
---	GC EXH. 9	JA 482
---	GC EXH. 10	JA 483
---	GC EXH. 11	JA 484

**VOLUME II — HEARING EXHIBITS (Continued)**

<b>Date</b>	<b>Item</b>	<b>Page</b>
---	GC EXH. 12	JA 485
---	GC EXH. 13	JA 486
---	GC EXH. 14	JA 487
---	GC EXH. 15	JA 488
---	GC EXH. 16	JA 489
---	GC EXH. 17	JA 490
---	GC EXH. 18	JA 491
---	GC EXH. 19	JA 492
---	GC EXH. 20	JA 493
---	GC EXH. 21	JA 494
---	GC EXH. 22	JA 495
---	GC EXH. 23	JA 496
---	---	---
---	ER EXH. 1	JA 497-499
---	ER EXH. 2	JA 500-516
---	ER EXH. 3	JA 517-521
---	ER EXH. 4	JA 522-524
---	ER EXH. 5	JA 525
---	ER EXH. 6	JA 526
---	ER EXH. 7	JA 527-529
---	ER EXH. 8	JA 530-532
---	ER EXH. 9 (rejected)	JA 533-548
---	ER EXH. 10	JA 549
---	ER EXH. 11	JA 550
---	ER EXH. 12	JA 551
---	ER EXH. 13	JA 552

**VOLUME II — HEARING EXHIBITS (Continued)**

<b>Date</b>	<b>Item</b>	<b>Page</b>
---	ER EXH. 14	JA 553
---	ER EXH. 15	JA 554-555
---	ER EXH. 16 (rejected)	JA 556-564
---	ER EXH. 17 (rejected)	JA 565

**VOLUME III — POST-HEARING PLEADINGS**

<b>Date</b>	<b>Item</b>	<b>Page</b>
8.31.2016	ALJ's Decision	JA 566-580
8.31.2016	Order Transferring Proceeding to the NRLB (with attachments)	JA 581-586
9.12.2016	Letter from Counsel for the General Counsel Requesting Extension of Time to File Exceptions	JA 587-588
9.13.2016	Board's Granting Extension of Time to File Exceptions and Supporting Brief	JA 589
10.12.2016	Counsel for the General Counsel's Limited Exception to the ALJ's Decision	JA 590-592
10.12.2016	Counsel for the General Counsel's Brief in Support of Its Limited Exception to the ALJ's Decision <sup>1*</sup>	JA 593-611
10.12.2016	Charging Party's Exceptions to the ALJ's Decision	JA 612-615
10.12.2016	Charging Party's Brief in Support of Exceptions to ALJ's Decision <sup>*</sup>	JA 616-629
10.14.2016	Letter from Long Beach to Board re Requests of Extensions of Time for all Parties filing of Responsive Exceptions and Briefs dated October 14, 2016	JA 630-632
10.19.2016	Letter from Board to Parties Granting Long Beach's Extensions of Time dated October 19, 2016	JA 633-634

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\*Whether these briefs constitute part of the record is a contested issue before the merits panel.



**VOLUME III — POST-HEARING PLEADINGS (Continued)**

<b>Date</b>	<b>Item</b>	<b>Page</b>
11.14.2016	Long Beach's Limited Cross-Exceptions to the ALJ's Decision	JA 635-639
11.14.2016	Long Beach's Brief in Support of Its Limited Cross-Exceptions to the ALJ's Decision <sup>*</sup>	JA 640-681
11.14.2016	Long Beach's Answering Brief to the General Counsel's Limited Exception and the Charging Party's Exceptions to the ALJ's Decision	JA 682-736
11.21.2016	Letter from Counsel for the General Counsel to Board Requesting a 14-day Extension to file Answering Briefs	JA 737-738
11.21.2016	Letter from the Board to Counsel General Counsel Granting re Extension of Time to File Answering Briefs	JA 739
11.28.2016	Counsel for the General Counsel's Reply Brief to Long Beach's Answering Brief	JA 740-747
12.12.2016	Counsel for the General Counsel's Answering Brief to Long Beach's Limited Cross-Exceptions	JA 748-764
12.12.2016	Charging Party's Answering Brief to Long Beach's Limited Cross-Exceptions	JA 765-773
12.26.2016	Long Beach's Reply Brief to the General Counsel's and Charging Party's Answering Briefs	JA 774-785
4.20.2018	Decision and Order	JA 786-798
6.20.2018	Correction to Decision and Order	JA 799-812

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<sup>\*</sup> Whether these briefs constitute part of the record is a contested issue before the merits panel.

Re: Long Beach Memorial Medical Center Inc.  
/d/b/a Long Beach Memorial Medical  
Center & Miller Children's and Women's  
Hospital Long Beach  
Cases 21-CA-157007

**GENERAL COUNSEL'S EXHIBIT NO. 1**

**INDEX**  
**AND**  
**DESCRIPTION OF FORMAL DOCUMENTS**

- GC Exhibit 1 (a)** Original Charge in 21-CA-157007, filed July 28, 2015.
- (b) Notice of Filing of Charge in 21-CA-157007, dated July 30, 2015.
- (c) Affidavit of Service of 1(a), dated July 30, 2015.
- (d) Original Amended Charge in 21-CA-157007, filed September 16, 2015.
- (e) Notice of Filing of Amended Charge in 21-CA-157007, dated September 16, 2015.
- (f) Affidavit of Service of 1(d), dated September 16, 2015.
- (g) Re-Served Corrected Copy of Notice of Filing of Amended Charge in 21-CA-157007, dated September 16, 2015.
- (h) Affidavit of Service of 1(g), dated September 17, 2015.
- (i) Original Second Amended Charge in 21-CA-157007, filed October 19, 2015.
- (j) Notice of Filing of Second Amended Charge in 21-CA-157007, dated October 21, 2015.
- (k) Affidavit of Service of 1(i), dated October 21, 2015.
- (l) Complaint and Notice of Hearing, dated December 29, 2015, with forms NLRB-4338 and NLRB-4668 attached.
- (m) Affidavit of Service of 1(l), dated December 29, 2015.

**GC Exhibit 1(y)**

Re: Long Beach Memorial Medical Center Inc.  
/d/b/a Long Beach Memorial Medical  
Center & Miller Children's and Women's  
Hospital Long Beach  
Cases 21-CA-157007

**GENERAL COUNSEL'S EXHIBIT NO. 1**

**INDEX**  
**AND**  
**DESCRIPTION OF FORMAL DOCUMENTS**

- GC Exhibit 1 (n)** Respondent's Answer to Complaint, received January 11, 2016, with Proof of Service attached.
- (o) Respondent's Motion for Summary Judgment & Memorandum of Points and Authorities, received February 16, 2016.
  - (p) Declaration of Adam C. Abrahms in Support of Respondent's Motion for Summary Judgment & Memorandum of Points and Authorities, received February 16, 2016.
  - (q) Charging Party's Opposition to Respondent's Motion for Summary Judgment, received February 22, 2016.
  - (r) Counsel for the General Counsel's Opposition to Respondent's Motion for Summary Judgment, dated February 22, 2016.
  - (s) Statement of Service of 1(r), dated February 22, 2016.
  - (t) Order Rescheduling Hearing, dated March 1, 2016.
  - (u) Affidavit of Service of 1(t), dated March 1, 2016.
  - (v) Board's Order, dated March 24, 2016.
  - (w) Order Rescheduling Hearing, dated April 14, 2016.
  - (x) Affidavit of Service of 1(w), dated April 14, 2016.
  - (y) Index and Description of Formal Documents.

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

LONG BEACH MEMORIAL MEDICAL CENTER  
INC. D/B/A LONG BEACH MEMORIAL MEDICAL  
CENTER & MILLER CHILDREN'S AND WOMEN'S  
HOSPITAL LONG BEACH

and

Case 21-CA-157007

CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSES UNITED (CNA/NNU)

**AFFIDAVIT OF SERVICE OF ORDER RESCHEDULING HEARING**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on **April 14, 2016**, I served the above-entitled document(s) by **regular mail** upon the following persons, addressed to them at the following addresses:

Micah Berul, Legal Counsel  
California Nurse Association/National  
Nurses United (CNA/NNU)  
155 Grand Avenue  
Oakland, CA 94612

Adam C. Abrahms, Attorney At Law  
Epstein Becker & Green, P.C.  
1925 Century Park East, Suite 500  
Los Angeles, CA 90067-2706

Cynthia Hanna, Labor Representative  
California Nurses Association/National  
Nurses United (CNA/NNU)  
225 West Broadway, Suite 500  
Glendale, CA 91204

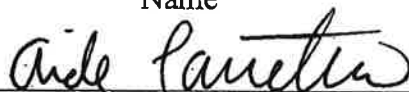
Kat Paterno, Attorney at Law  
Epstein, Becker, Green, P.C.  
1925 Century Park E Suite 500  
Los Angeles, CA 90067-2700

Andrew Prediletto  
Assistant Director Collective Bargaining  
California Nurses Association/National  
Nurses United (CNA/NNU)  
225 West Broadway, Suite 500  
Glendale, CA 91204

Long Beach Memorial Medical Center, Inc  
d/b/a Long Beach Memorial Medical Center  
& Miller Children's & Women's Hospital  
Long Beach  
2801 Atlantic Avenue  
Long Beach, CA 90806

April 14, 2016  
Date

Aide Carretero, Designated Agent of NLRB  
Name

  
Signature

**UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21**

**LONG BEACH MEMORIAL MEDICAL CENTER  
INC. D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER & MILLER CHILDREN'S  
AND WOMEN'S HOSPITAL LONG BEACH**

**and**

**Case 21-CA-157007**

**CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)**

**ORDER RESCHEDULING HEARING**

**IT IS HEREBY ORDERED** that the hearing in the above-entitled matter is rescheduled from April 19, 2016 at 1:00 pm to 1:00 pm on **May 23, 2016** at Hearing Room 902, 888 S Figueroa Street, Ninth Floor, Los Angeles, CA 90017-5449. The hearing will continue on consecutive days until concluded.

Dated: April 14, 2016



Olivia Garcia, Regional Director  
National Labor Relations Board, Region 21  
888 S Figueroa Street, Ninth Floor  
Los Angeles, CA 90017-5449

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD

LONG BEACH MEMORIAL MEDICAL CENTER, INC.  
d/b/a LONG BEACH MEMORIAL MEDICAL CENTER  
& MILLER CHILDREN'S AND WOMEN'S HOSPITAL  
LONG BEACH

and

Case 21-CA-157007

CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSES UNITED (CNA/NNU)

**ORDER<sup>1</sup>**

The Respondent's Motion for Summary Judgment is denied. The Respondent's argument that the complaint should be dismissed on the basis of an apparent misnomer of the charged party in the initial and amended charges lacks merit, because the Respondent was served with the documents, has fully participated in the pre-complaint proceedings, and has failed to demonstrate that it suffered any prejudice. See *Sewell-Allen Big Star, Inc.*, 294 NLRB 312, 328 (1989), *enfd.* on other grounds 943 F.2d 52 (6th Cir. 1991), *cert. denied* 504 U.S. 909 (1992); *Musicians Local 655 (Royal Palm Dinner Theatre, Ltd.)*, 275 NLRB 677, 677 fn. 3 (1985).

Dated, Washington, D.C., March 24, 2016.

PHILIP A. MISCIMARRA,	MEMBER
KENT Y. HIROZAWA,	MEMBER
LAUREN McFERRAN,	MEMBER

---

<sup>1</sup> The National Labor Relations Board has delegated its authority in this proceeding to a three-member panel.

**UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD**

LONG BEACH MEMORIAL MEDICAL CENTER,  
INC. d/b/a LONG BEACH MEMORIAL MEDICAL  
CENTER & MILLER CHILDREN'S AND  
WOMEN'S HOSPITAL LONG BEACH

and

CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNANNU)

Cases 21-CA-157007

DATE OF SERVICE March 24, 2016

**AFFIDAVIT OF SERVICE OF BOARD ORDER**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, depose and say that on the date indicated above I served the above-entitled document(s) upon the persons at the addresses and in the manner indicated below. Persons listed below under "E-Service" have voluntarily consented to receive service electronically, and such service has been effected on the same date indicated above.

**CERTIFIED & REGULAR MAIL**

MICAH BERUL, LEGAL COUNSEL  
CALIFORNIA NURSE ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
155 GRAND AVENUE  
OAKLAND, CA 94612

**REGULAR MAIL**

CYNTHIA HANNA, LABOR REPRESENTATIVE  
CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)  
225 WEST BROADWAY, SUITE 500  
GLENDALE, CA 91204

**REGULAR MAIL**

ANDREW PREDILETTO, ASSISTANT  
DIRECTOR COLLECTIVE BARGAINING  
CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)  
225 WST BROADWAY, SUITE 500  
GLENDALE, CA 91204

**CERTIFIED & REGULAR MAIL**

ADAM C. ABRAHMS, ESQ.  
EPSTEIN BECKER & GREEN, P.C.  
1925 CENTURY PARK EAST, SUITE 500  
LOS ANGELES, CA 90067-2706

**CERTIFIED & REGULAR MAIL**

KATHLEEN F. PATERNO, ESQ.  
EPSTEIN, BECKER, GREEN, P.C.  
1925 CENTURY PARK EAST, SUITE 500  
LOS ANGELES, CA 90067-2700

**REGULAR MAIL**

LONG BEACH MEMORIAL MEDICAL CENTER,  
INC D/B/A LONG BEACH MEMORIAL MEDICAL  
CENTER & MILLER CHILDREN'S & WOMEN'S  
HOSPITAL LONG BEACH  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

**E-SERVICE**

REGION 21, LOS ANGELES, CALIFORNIA  
NATIONAL LABOR RELATIONS BOARD  
888 S FIGUEROA ST FL 9  
LOS ANGELES, CA 90017-5449

<p>Subscribed and sworn before me this 24<sup>th</sup> day of March 2016.</p>	<p>DESIGNATED AGENT</p> <p>L. Allen</p> <p>NATIONAL LABOR RELATIONS BOARD</p>
---	---



**UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21**

**LONG BEACH MEMORIAL MEDICAL CENTER  
INC. D/B/A LONG BEACH MEMORIAL MEDICAL  
CENTER & MILLER CHILDREN'S AND WOMEN'S  
HOSPITAL LONG BEACH**

**and**

**Case 21-CA-157007**

**CALIFORNIA NURSES ASSOCIATION /  
NATIONAL NURSES UNITED (CNA/NNU)**

**AFFIDAVIT OF SERVICE OF ORDER RESCHEDULING HEARING**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on **March 1, 2016**, I served the above-entitled document(s) by **regular mail** upon the following persons, addressed to them at the following addresses:

Micah Berul, Legal Counsel  
California Nurse Association/National  
Nurses United (CNA/NNU)  
155 Grand Avenue  
Oakland, CA 94612

Adam C. Abrahms, Attorney at Law  
Kat Paterno, Attorney at Law  
Epstein Becker & Green, P.C.  
1925 Century Park East, Suite 500  
Los Angeles, CA 90067-2706

Cynthia Hanna, Labor Representative  
California Nurses Association/National  
Nurses United (CNA/NNU)  
225 West Broadway, Suite 500  
Glendale, CA 91204

Long Beach Memorial Medical Center, Inc  
d/b/a Long Beach Memorial Medical  
Center & Miller Children's & Women's  
Hospital Long Beach  
2801 Atlantic Avenue  
Long Beach, CA 90806

March 1, 2016

Date

Aide Carretero, Designated Agent of NLRB

Name

  
Signature

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

LONG BEACH MEMORIAL MEDICAL CENTER  
INC. D/B/A LONG BEACH MEMORIAL MEDICAL  
CENTER & MILLER CHILDREN'S AND WOMEN'S  
HOSPITAL LONG BEACH

and

Case 21-CA-157007

CALIFORNIA NURSES ASSOCIATION /  
NATIONAL NURSES UNITED (CNA/NNU)

ORDER RESCHEDULING HEARING

IT IS HEREBY ORDERED that the hearing in the above-entitled matter is rescheduled from March 14, 2016 at 1:00 pm to 1:00 pm on **April 19, 2016** at Hearing Room 902, 888 S. Figueroa Street, Ninth Floor, Los Angeles, CA 90017-5449. The hearing will continue on consecutive days until concluded.

Dated: March 1, 2016



Olivia Garcia, Regional Director  
National Labor Relations Board, Region 21  
888 S Figueroa Street, Ninth Floor  
Los Angeles, CA 90017-5449

**STATEMENT OF SERVICE**

I hereby certify that a copy of the **Counsel for the General Counsel's Opposition to Long Beach Memorial Medical Center, Inc.'s Motion for Summary Judgment** has been submitted by E-filing to the Executive Secretary of the National Labor Relations Board, on the 22<sup>nd</sup> day of February 2016, and that each party was served with a copy of the same document by e-mail.

I hereby certify that a copy of the **Counsel for the General Counsel's Opposition to Long Beach Memorial Medical Center, Inc.'s Motion for Summary Judgment** was served by e-mail, on the 22<sup>nd</sup> day of February, 2016, on the following parties:

Adam C. Abrahms, Attorney at Law  
Epstein Becker & Green, P.C.  
[aabrahms@ebglaw.com](mailto:aabrahms@ebglaw.com)

Kathleen Paterno, Attorney at Law  
Epstein, Becker, Green, P.C.  
[kpaterno@ebglaw.com](mailto:kpaterno@ebglaw.com)

Micah Berul, Legal Counsel  
California Nurse Association/National Nurses  
United (CNA/NNU)  
[mberul@nationalnursesunited.org](mailto:mberul@nationalnursesunited.org)

Respectfully submitted,



Aide Carretero  
Secretary to the Regional Attorney  
National Labor Relations Board, Region 21

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
Washington D.C.

**LONG BEACH MEMORIAL MEDICAL CENTER,  
INC. D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER & MILLER CHILDREN'S  
AND WOMEN'S HOSPITAL LONG BEACH**

**And**

**Case 21-CA-157007**

**CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)**

COUNSEL FOR THE GENERAL COUNSEL'S OPPOSITION TO  
LONG BEACH MEMORIAL MEDICAL CENTER, INC.'S  
MOTION FOR SUMMARY JUDGMENT

Under Board Rule 102.24(b), Counsel for the General Counsel, herein General Counsel, files this opposition to Respondent Long Beach Memorial Medical Center, Inc. D/B/A Long Beach Memorial Medical Center & Miller Children's and Women's Hospital Long Beach's (herein Respondent or the Hospital) motion for summary judgment. This opposition is based on the following:

**I. Procedural History and Factual Background**

On July 28, 2015, September 16, 2015, and October 19, 2015, respectively, the California Nurses Association/National Nurses United (CNA/NNU) (herein Union) filed its original and first and second amended charges against "MemorialCare Health System, d/b/a Long Beach Memorial Medical Center."<sup>1</sup> The original and amended charges all identify "MemorialCare Health System, d/b/a Long Beach Memorial Medical Center's" address as 2801 Atlantic Avenue,

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<sup>1</sup> The public website for Respondent identifies Respondent as "MemorialCare Health System, Long Beach Memorial."

Long Beach, California 90806, which is Respondent's place of business and address for service. Accordingly copies of the original and amended charges were all served upon Respondent at its place of business. On August 12, 2015, Respondent filed a notice of appearance on behalf of Respondent alone, and advised the Region that it should direct all future inquiries and correspondence to Respondent's counsel.

As noted by Respondent in its Motion, Memorial Health System (MHS) is the parent corporation of multiple healthcare facilities, including Respondent. MHS's primary place of business is located at 17360 Brookhurst Street, Fountain Valley, California 92708. At no point did the Region serve copies of the charge or amended charges on MHS at the Brookhurst Street address.

In addition as duly noted by Respondent in its Motion, for approximately fourteen (14) years, the Union has represented approximately 2,000 registered nurses at Respondent's Long Beach facility and had a direct collective-bargaining relationship with Respondent during this time period. The Union does not have a collective-bargaining relationship with MHS. Although the Complaint underlying this matter does not allege any 8(a)(5) allegations, the Union's original and amended charges all included 8(a)(5) allegations.

On September 4, 2015, the Region sent a letter to Respondent's Counsel requesting evidence in response to the Union's first amended charge. In this letter, the Region described the allegations and in doing so named certain locations, supervisors and conduct specific to Respondent. Following receipt of the Region's letter, Respondent's Counsel contacted the Region by phone and e-mail requesting clarification as to the allegations made by the Union. At no point in this initial correspondence did Respondent raise any issue with the way Respondent was named in the original and first amended charges. Moreover Respondent's specific questions

regarding the allegations clearly demonstrated that Respondent was aware that the allegations in the first amended charge pertained to Respondent and not to MHS.<sup>2</sup>

On October 2, 2015, Respondent's Counsel filed a position statement in response to the Union's first amended charge. In that position statement, Respondent stated as follows:

As an initial matter, we assume the Charge has been filed against the Hospital and not against MHS. The charge lists only the Hospital's address and was not served upon MHS. Also both the Region and the Union are well aware that MHS and the Hospital are two distinct and separate legal entities, and the Union is surely aware that it has no relationship with MHS that would allow it to allege an 8(a)(5) violation against it.

In the remaining 18 pages of its October 2, 2015, position statement Respondent Counsel then proceeded to address its factual and legal arguments in response to the Union's allegations and in doing so clearly demonstrated with specificity its cognizance that it was Respondent's conduct at issue in this matter and not that of MHS.

After the Union filed its second amended charge against Respondent, on November 2, 2015, the Region sent a letter requesting Respondent's evidence in response to the second amended charge. Again in this letter, the Region described the new allegations and in doing so named certain locations, supervisors and conduct specific to Respondent. After receipt of this letter, Respondent's counsel contacted the Region by phone requesting clarification that the charge was only against Respondent and not against MHS. The Region confirmed to Respondent's counsel both by phone and in a subsequent e-mail on November 10, 2015, that the charge was indeed only against Respondent and not against MHS and that the Union was not alleging MHS and Respondent as joint employers or otherwise trying to involve MHS in this

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<sup>2</sup> General Counsel will provide copies of the correspondence and other documents referenced throughout should the Board find such documentation necessary in making a determination in this matter.



matter but had simply named Respondent the way it did in its charge, because that was what the Union believed to be Respondent's proper name.<sup>3</sup>

On November 12, 2015, Respondent's Counsel submitted a position statement in response to the Union's second amended charge. In this position statement, Respondent's Counsel argued that the Union had yet again incorrectly named Respondent in its charge and asserted that because the Union had incorrectly named Respondent yet again it would only respond to the Union's allegations on behalf of MHS and not on behalf of Respondent, despite the fact that Respondent was well aware that MHS was never a party to the Union's allegations. Despite its contention that it would only respond to the Union's allegations on behalf of MHS, in its November 12, 2015, position statement Respondent's Counsel did respond substantively on behalf of Respondent to the Union's allegations in its second amended charge.

At the end of November 2015, the Region authorized complaint on the allegations in the second amended charge which are now included in the underlying complaint in this matter and the Union withdrew the remaining portions of the charge. Thereafter the Region provided Respondent's counsel with a proposed settlement agreement.

On December 22, 2015, the Region discussed the proposed settlement with Respondent's counsel but the parties were unable to come to any agreement over the terms of the settlement agreement. On December 29, 2015, the Region issued its complaint in this matter and in its complaint corrected Respondent's name to its correct legal name, Long Beach Memorial Medical Center, Inc., D/B/A Long Beach Memorial Medical Center & Miller Children's and Women's Hospital.

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<sup>3</sup> Ironically the Union filed an additional charge against Respondent in Case 21-CA-164479, on November 17, 2015, in which it named Respondent exactly the same way it named Respondent in this matter. Respondent who was represented by the same counsel as in this matter, never once raised Respondent's misnomer in the charge as an issue but rather cooperated in the Region's investigation and eventually reached a non-Board settlement with the Union on January 7, 2016, which led to the Union's withdrawal of the charge.

**II. Respondent's Motion for Summary Judgment should be Dismissed as Respondent had Notice of the Charge and an Opportunity to Respond to the Charge Despite the Fact that Respondent was Incorrectly Named in the Charge**

Despite any of its contentions and mischaracterizations of fact to the contrary, Respondent and its counsel are well aware, and always have been, since the beginning of the Region's investigation, that the Union's charges, are against Respondent. This is true despite the fact that the Union did not use Respondent's precise legal name in its charges. Any effort to dissuade the Board of this fact is a waste of the time and the resources of all parties involved.

Although the precise legal name was not included in the Union's charge, the Hospital's primary name, and the name recognized by the public (Long Beach Memorial Medical Center) is included in the charges. In addition the Hospital's address is listed on all three of the Union's charges and Respondent was served with copies of the charge and amended charges at this address. Respondent's Counsel filed a notice of appearance in this matter immediately on behalf of Respondent upon receipt of the charge. Moreover Respondent's counsel was provided the opportunity to respond to the allegations in the charges and did respond substantively to those allegations on behalf of Respondent. In its initial October 2 position statement, Respondent Counsel even stated its cognizance that the charge was against Respondent and not MHS.

Therefore Respondent has at all times been on notice of the allegations against it, has been given an opportunity to participate in the investigation and defend itself against the Union's allegations, and has participated in and defended itself in this proceeding. Respondent has not been prejudiced in any manner and has been afforded due process throughout the Region's investigation. A "misnomer of a respondent in a charge or complaint is not sufficient ground to quash the complaint where respondent had actual notice of the charge and complaint and files an



answer thereto.” *Sewell-Allen Big Star, Inc.*, 294 NLRB 312, 328 (1989).<sup>4</sup> In that case the ALJ noted that the respondent, as was Respondent in this matter, was served with a charge at its correct address, had actual notice of the charge filed against it, and answered, participated in and defended the action throughout. *Id.*

In *Peterson Construction Co.*, supra at 851, the Board noted that “where the error is one of misnomer and the proper Respondent has actual notice of the charge and of the obvious misnomer, to hold the statutory requirements of service are not met is to project legalism to an unwarranted length.” In *Peterson Construction Co.*, the Board emphasized in its discussion that the respondent had not been misled or prejudiced by the proceeding. The Board has upheld these principles in subsequent cases including *American Geriatric Enterprises*, 235 NLRB 1532 (1978); *Rosco Concrete Pipe Co.*, 219 NLRB 915 (1975); *American Steamship Co.*, 222 NLRB 1226, 1231 (1976).<sup>5</sup>

Respondent was made aware multiple times throughout the proceedings who the charges were against. For Respondent to claim now, after it has been served and responded to the Union’s allegations, that it did not have adequate notice of the charges made against it and that it has been prejudiced and not been given due process throughout these proceedings, is quite simply preposterous, unnecessarily litigious and a waste of the time and resources of all the parties involved.

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<sup>4</sup> Citing to *Peterson Construction Co.*, 106 NLRB 850 (1953); *NLRB v. Process & Pollution Control Co.*, 588 F.2d 786 fn. 1 at 788 and 789 (10th Cir. 1978)

<sup>5</sup> In its Motion, Respondent cites to various provisions of the Board’s Casehandling Manual and its Rules and Regulations in support of its arguments, but fails to cite to any Board cases to support its arguments.

**III. Respondent's Motion for Summary Judgment is Inappropriate as this Matter Presents Material Issues of Fact and Law**

A motion for summary judgment will succeed where upon review of all the pleadings and submissions by the parties, there are no material facts or issues of law in dispute to be resolved by a hearing before an administrative law judge (ALJ). *Lake Charles Memorial Hospital*, 240 *NLRB* 1330, 1331 (1979). As an initial matter, Respondent's motion fails to meet the standard for obtaining summary judgment because there are material issues of fact and law in dispute.

As established above, Respondent has clearly been put on notice as to the Union's allegations, has responded substantively to the Union's allegations, and has not been prejudiced by the Region's proceedings in this matter or denied due process of law. Accordingly despite Respondent's frivolous and disingenuous contentions in its motion, Respondent is not entitled to summary judgment.

There remain both issues of material fact and law in dispute, which must be resolved at hearing. Namely the Complaint in this matter alleges in paragraph 6 that Respondent has maintained an unlawful rule and in paragraphs 7 (a) and (b) alleges that employees were prohibited from wearing badge reel holders with Union insignia while Respondent permitted employees to wear badge reel holders with other insignia. In its Answer Respondent admits that it maintained the rule alleged in paragraph 6 but denies that the rule is unlawful. In its Answer Respondent denies that it prohibited employees from wearing badge reel holders with Union insignia as described in paragraphs 7(a) and (b).

Thus Respondent's Answer to the Complaint creates material issues of fact and law that need to be litigated before an ALJ. This is a matter that should be heard by an ALJ, and a full record developed to determine whether Respondent's arguments have any merit. Therefore, Respondent's motion should be denied.

#### IV. Conclusion

In conclusion, the General Counsel respectfully submits that Respondent's motion should be denied; a notice to show cause should not be issued, and the hearing scheduled for March 14, 2016, should not be postponed indefinitely. Section 102.24(b) of the Board's Rules and Regulations states that, "[t]he Board in its discretion may deny the motion where the motion itself fails to establish the absence of a genuine issue, or where the opposing party's pleadings, opposition, and/or response indicate on their face that a genuine issue may exist." Based on the pleadings, the motion, and this Opposition to the motion, genuine issues of law and fact exist which require a hearing. Therefore, Respondent's motion should be denied.

Respectfully submitted,

/s/ Lindsay R. Parker

Lindsay R. Parker, Counsel for the General Counsel  
Molly Kagel, Counsel for the General Counsel  
National Labor Relations Board, Region 21  
888 South Figueroa Street, Ninth Floor  
Los Angeles, CA 90017

Dated at Los Angeles, California, this 22nd day of February, 2016.

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

In the Matter of: )

LONG BEACH MEMORIAL MEDICAL )  
CENTER, INC., d/b/a LONG BEACH )  
MEMORIAL MEDICAL CENTER AND )  
MILLER CHILDREN'S & WOMEN'S )  
HOSPITAL LONG BEACH, )

Employer, )

and )

CALIFORNIA NURSES ASSOCIATION/ )  
NATIONAL NURSES UNITED (CNA/NNU), )

Charging Party. )

Case 21-CA-157007

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**CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES UNITED'S  
OPPOSITION TO EMPLOYER'S MOTION FOR SUMMARY JUDGMENT**

---

CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSES UNITED (CNA/NNU)  
LEGAL DEPARTMENT  
Micah Berul  
2000 Franklin Street  
Oakland, CA 94612  
Telephone (510) 273-2290  
Fax (510) 663-4822  
Attorneys for Charging Party CNA/NNU

Pursuant to Section 102.24(b) of the Board's Rules and Regulations, Charging Party California Nurses Association/National Nurses United hereby submits its Opposition to the Motion for Summary Judgment (MSJ) filed by Respondent Long Beach Memorial Medical Center d/b/a Long Beach Memorial Medical Center & Miller Children's and Women's Hospital Long Beach.

Respondent's MSJ disingenuously asserts that the Board lacks authority to issue complaint based on Respondent having been purportedly incorrectly named as a party to the unfair labor practice charge in this case. Respondent's website names Respondent as MemorialCare Health System and describes Long Beach Memorial Medical Center as one of MemorialCare's medical centers. Charging Party, accordingly, made clear that the charge was directed at Long Beach Memorial Medical Center by naming the Employer as MemorialCare Health System d/b/a Long Beach Memorial Medical Center. See website:

<http://www.memorialcare.org/long-beach-memorial>.

Respondent knew full well who the charge was against, just over a month prior to moving for summary judgment in this case, having entered into a non-Board settlement with the Charging Party in Case 21-CA-164479, which named Respondent identically as in the instant case. See attached Exhibits 1 and 2.

Even assuming there was any misnomer regarding the Employer's name in the charge in this Case, complaints are, of course, routinely drafted to name a Respondent by its correct legal name after a charge is filed and found to be meritorious. Moreover, misnomers do not constitute grounds for dismissal of a complaint. See, e.g., *Peterson Construction Co.*, 106 NLRB 850 (1953) ("Where, as here, the error is one of misnomer and the proper Respondent has actual notice of the charge and of the obvious misnomer, to hold that the statutory requirements of service are not met is to project legalism to an unwarranted length.")

Charging Party also hereby joins in Counsel for General Counsel's Opposition to Long Beach Memorial Medical Center, Inc.'s Motion for Summary Judgment. Respondent's MSJ is a frivolous procedural attempt to avoid a finding concerning its clearly unlawful conduct as alleged in the Complaint. Accordingly, Charging Party respectfully urges the Board to deny Respondent's MSJ.

DATED: February 22, 2016

Respectfully submitted,

CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSES UNITED (CNA/NNU)



---

Micah Berul, In-House Legal Counsel  
Attorney for Charging Party CNA/NNU



INTERNET  
FORM NLRB-501  
(2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE

Case

Date Filed

21-CA-164479

11-17-15

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

MemorialCare Health System, d/b/a Long Beach Memorial Medical Center

b. Tel. No. 562-833-2000

c. Cell No.

f. Fax No.

g. e-Mail

h. Number of workers employed  
10,000 +

d. Address (Street, city, state, and ZIP code)

2801 Atlantic Avenue  
Long Beach, CA 90806

e. Employer Representative

Barry Arbuckle, Ph.D.  
President and CEO

i. Type of Establishment (factory, mine, wholesaler, etc.)

Acute Care Hospital

j. Identify principal product or service  
Healthcare

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5)

of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the past six months, the Employer, by its officers, agents and other representatives, has been failing and refusing to bargain collectively and in good faith with the California Nurses Association (the Union) by, inter alia, announcing as a fait accompli that it will outsource Union bargaining unit work on January 4, 2016. The Employer's failure to bargain concerning this decision or its effects constitutes a mid-term contract modification within the meaning of Section 8(d) of the Act.

By these and other acts, the above-named Employer, through its officers, agents and representatives, has interfered with, restrained and coerced its employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

California Nurses Association/National Nurses United (CNA/NNU)

4a. Address (Street and number, city, state, and ZIP code)

2000 Franklin Street  
Oakland, CA 94612

4b. Tel. No. 510-273-2200

4c. Cell No.

4d. Fax No. 510-683-4822

4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) AFL-CIO

## 6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



(signature of representative or person making charge)

Micah Berul, In-House Counsel

(Print type name and title or office, if any)

Tel. No. 510-273-2292

Office, if any, Cell No.

Fax No. 510-683-4822

e-Mail

mberul@calnurses.org

Address 2000 Franklin Street, Oakland, CA 94612

11/17/15

(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

EXHIBIT

1

### PICC LINE SERVICE AGREEMENT

WHEREAS on November 4, 2015 Long Beach Memorial Medical Center ("Hospital") notified the California Nurses Association ("Union") that it intended to stop directly performing PICC Line responsibilities which would result in the elimination of three bargaining unit position;

WHEREAS on November 3, 2015 the Union filed a contractual grievance ("Grievance") and on November 17, 2015 the Union filed an unfair labor practice in NLRB Case No. 21-CA-0164479 ("PICC ULP"), both concerning the potential subcontracting of the PICC Line service; and

WHEREAS the parties have met, conferred and exchanged information and proposals concerning the subcontracting of the PICC Line Service and the transition of the impacted employees.

In light of the above, and as a result of the discussions, the parties AGREE AS FOLLOWS:

1. The Hospital shall assist the two remaining PICC Line RNs [redacted] and [redacted] in finding, as soon as possible, another appropriate vacant position of their choosing for which they are qualified.
2. To accommodate and permit time for the affected RNs to obtain another position, the Hospital will keep the PICC Line Unit operational until the date the last PICC Line RN is transferred into another position, however, if a PICC Line RN does not select an appropriate vacant position for which she is qualified prior to February 4, 2016, the Hospital may, in accordance with Article 21.B.4., transfer the RN into a vacancy determined by Hospital provided it has the same shift and number of regularly scheduled hours as her current assignment.
3. In the event the Hospital decides to reopen the PICC Line Unit or create a PICC Line position(s), any RNs who are currently employed by the Hospital at the time of the position opening and who were employed in the Unit as of November 4, 2015 shall be granted preference to apply for any such position prior to other internal or external candidates.
4. By signing this Agreement the Union is withdrawing the Grievance and further agrees to withdraw the PICC ULP no later than January 15, 2016.

This Agreement is mutually entered into by both the Union and the Hospital in resolution of the decisions, action and issues specified herein.

AGREED:

UNION

CNA

By: 

Date: 1/7/16

HOSPITAL

By:   
SHAWN KONG

Date: 1/11/16



**PROOF OF SERVICE**

The undersigned hereby declares under penalty of perjury that I am a citizen of the United States, over the age of eighteen years, and not a party to the within action; that my business address is 155 Grand Ave., Oakland, California 94612.

On the date below, I served a true copy of the following document:

**CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES UNITED'S  
OPPOSITION TO EMPLOYER'S MOTION FOR SUMMARY JUDGMENT**

via E-filing addressed as follows:

Gary Shinnars, Executive Secretary  
National Labor Relations Board  
1015 Half St. SE  
Washington, D.C. 20570

Via Email addressed as follows:


Olivia Garcia, Regional Director  
National Labor Relations Board, Region 21  
888 S. Figueroa St., Ninth Floor  
Los Angeles, CA 90017  
Olivia.Garcia@NLRB.gov

Lindsay R. Parker, Counsel for the General Counsel  
Molly Kagel, Counsel for the General Counsel  
National Labor Relations Board, Region 21  
888 S. Figueroa St., Ninth Floor  
Los Angeles, CA 90017  
Lindsay.Parker@NLRB.gov  
Molly.Kagel@NLRB.gov

Adam C. Abrahms  
Kathleen F. Paterno  
Epstein Becker & Green, P.C.  
1925 Century Park East, STE. 500  
Los Angeles, CA 90067  
aabrahms@ebglaw.com  
kpaterno@ebglaw.com

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED: February 22, 2016

  
Tyn Tschmeaux

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

LONG BEACH MEMORIAL MEDICAL  
CENTER, INC. dba LONG BEACH  
MEMORIAL MEDICAL CENTER AND  
MILLER CHILDREN'S & WOMEN'S  
HOSPITAL LONG BEACH,

Respondent,

v.

CALIFORNIA NURSES ASSOCIATION /  
NATIONAL NURSES UNITED  
(CNA/NNU),

Charging Party.

Case No. 21-CA-157007

**DECLARATION OF ADAM C. ABRAHMS  
IN SUPPORT OF LONG BEACH  
MEMORIAL MEDICAL CENTER, INC.'S  
MOTION FOR SUMMARY JUDGMENT &  
MEMORANDUM OF POINTS AND  
AUTHORITIES**

**DECLARATION OF ADAM C. ABRAHMS**

I, Adam C. Abrahms, declare as follows:

1. I am an attorney duly licensed to practice law in the State of California. I am a partner with the law firm Epstein Becker & Green, P.C., counsel of record for Long Beach Memorial Medical Center d/b/a Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach (collectively "LBMMC"). I have personal knowledge of the facts stated in this declaration, and if called as a witness, I could and would competently testify thereto.
2. LBMMC is a hospital with approximately 5,000 employees. The California Nurses Association ("Union") has represented the Hospital's registered nurses for about fourteen (14) years. The current collective bargaining agreement between the parties became effective July 1, 2012 and remains effective until March 31, 2016.
3. Memorial Health Services ("MHS") is the parent corporation of LBMMC.
4. MHS and LBMMC are separate and distinct legal entities. Each have separate governing Boards of Directors, separate Chief Executive Officers (MHS' CEO is Barry

Arbuckle) and other executives, as well as separate finances, among other things. LBMMC has a completely different CEO and other executives, etc. I, and my law firm, represent both MHS and LBMMC separately. Both Region 21 ("Region") and the Union were well aware of all these facts before the filing of the original Charge at issue.

5. **Attached hereto as Exhibit 1 is a true and correct copy of Charge filed by the Union in Case 21-CA-157007 on July 28, 2015.** In the Charge, the Union named "MemorialCare Health System, D/B/A Long Beach Memorial Medical Center" as the Employer/charged party. No such legal entity exists. The Charge listed Barry Arbuckle as the President and CEO of the employer/charged party (Barry Arbuckle is not the President and CEO of LBMMC) and stated that the employer/charged party had "10,000+" employees (LBMMC only has about 5,000). The allegations in the Charge were devoid of any identifiable facts.

6. On September 4, 2015, the Region sent a letter requesting a statement of position and setting forth a plethora of facts that were not only not implicated in the Charge, but also served to cause great confusion regarding which entity the allegations were being asserted against. Upon receiving the Region's letter, counsel for MHS and LBMMC sought clarification from the Region regarding which entity the Union was alleging violated the Act, as well as clarification regarding the convoluted allegations themselves, and requested that the Region have the Union amend the Charge to identify and correctly name the intended charged party.

7. **Attached hereto as Exhibit 2 is a true and correct copy of the First Amended Charge filed by the Union in Case 21-CA-157007 on September 16, 2015.** While the Union used the opportunity to amend to include all sorts of new allegations that were not even inferred in its original Charge, the First Amended Charge failed to amend the name of charged party.

8. Instead, the First Amended Charge continued to name "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." as the charged party; continued to name Barry Arbuckle as the CEO and President, and continued to claim the charged party had 10,000 employees. From the context of the investigation, the Charge remained directed at the parent corporation, MHS.

9. The First Amended Charge alleged violations of Sections 8(a)(1) and 8(a)(5) of National Labor Relations Act, as amended, (the "Act"). The Union does not have a collective bargaining agreement with MHS or any relationship with MHS whatsoever, yet the allegations seemed to infer MHS was the (or an) intended party. Thus, counsel for LBMMC and MHS made further attempts to clarify the Union's allegations and the party it was alleging them against, noting that if the Union was making allegations against LBMMC, the Charge should be amended to reflect that. No such amendments were made.

10. Consequently, on October 2, 2015, counsel for LBMMC and MHS filed an 18-page statement of position. On the very first page of the statement, counsel immediately pointed out that the charged party's name was incorrect, and that no such entity existed. The statement also provided the correct legal name for both LBMMC and MHS.

11. The first page of the statement of position submitted on October 2, 2015, stated:

The Charge has incorrectly named the employer as "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." The correct name of the Hospital is "Long Beach Memorial Medical Center, Inc. d/b/a Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach," and the correct name of the Hospital's parent corporation, is "Memorial Health Services" ("MHS").

The statement of position also noted that "both the Region and the Union are well aware that MHS and the Hospital are two distinct and separate legal entities, and the Union is surely aware that it has no relationship with MHS that would allow it to allege an 8(a)(5) violation against it."

12. **Attached hereto as Exhibit 3 is a true and correct copy of Second Amended Charge filed by the Union in Case 21-CA-157007 on October 19, 2015.** However, yet again, the only amendments made were to the Union's own allegations in an attempt to keep its meritless allegations alive.

13. The Second Amended Charge, like the two (2) before it, continued to name "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." as the charged party, continued to name Barry Arbuckle as the CEO and President, and continued to claim the charged



party had 10,000 employees. Based on this Second Amendment, especially in light of the investigation, the Charge continued to be directed solely to MHS.

14. The Region requested a second position statement be filed by November 12, 2015.

15. Despite repeated communications and requests for clarification/amendment by counsel for LBMMC and MHS regarding which entity the Union's allegations were against, the assigned Board agent, Lindsay Parker, on November 10, 2015—just two (2) days before the second position statement was due—further confused the issue by indicating that while the Charge was directed against MHS, the Union was not making any joint employer or alter ego allegations, and in fact, the Union actually intended to bring the allegations against LBMMC. **Attached hereto as Exhibit 4 is a true and correct copy of the November 10, 2015 correspondence exchange between me and Ms. Parker.**

16. As all three (3) incarnations of the Union's Charge had named "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr.," it became clear—two (2) days before the second position statement was due—that the Union had not only incorrectly named the charged party but had also filed the Charge against the wrong entity. I responded to Ms. Parker's November 10 e-mail by stating that given that the Charge had been filed and maintained against the wrong entity (MHS), we would address and clarify that issue for the Region in a position statement, which we did. See Exhibit 4. I also noted that if, in light of the information provided in the November 12, 2015 position statement, the Union wished to withdraw and re-file or finally amend the Charge to name the correct party and its correct legal name, we would be happy to respond to any additional questions or provide any additional statements of position the Region may request thereafter. *Id.*

17. On November 12, 2015, we submitted another statement of position on behalf of MHS only, in response to the Second Amended Charge and again made it clear that the Charge had incorrectly named the wrong employer. It stated:

As the Region is aware, the Second Amended Charge filed by the California Nurses Association ("Union" or "CNA") has incorrectly named the employer as "MemorialCare Health System d/b/a Long Beach Memorial

Med. Ctr.” The correct name of the legal entity is “Memorial Health Services” (“MHS”). MHS is the parent corporation of Long Beach Memorial Medical Center, Inc. Long Beach Memorial Medical Center, Inc. owns and operates the hospital with which the Union has a relationship, Long Beach Memorial Medical Center and Miller Children’s & Women’s Hospital Long Beach (“Hospital”). MHS and the Hospital are separate and distinct legal entities, and each have separate governing Boards of Directors, separate Chief Executive Officers and other executives and separate finances, among other things.

18. The Union and the Region were both fully aware that the Union had incorrectly named and directed the Charge against the wrong the charged party and that there were two entities potentially implicated by the both the face of the Charge and the allegations. Despite this, the Union was given two (2) opportunities to liberally amend its own allegations in its Charge, and yet the Union, on both occasions, completely failed to amend the Charge to identify LBMMC as the charged party or to provide LBMMC’s correct legal name.

19. More important, once the Region provided counsel for LBMMC and MHS confirmation on November 10, 2015 that MHS was not the intended charged party, the Region still did not require the Union to amend the Charge to identify and correctly name the intended charged party. Rather, it let the erroneously filed Charge stand.

20. At no time prior to the issuance of the Complaint did the Region or the Union withdraw and re-file or amend the Charge to name LBMMC as the charged party and provide its correct legal name. Thus, LBMMC had never been a party to any of the Charge in Case 21-CA-157007.


21. **Attached hereto as Exhibit 5 is a true and correct copy of the Complaint and Notice of Hearing issued in Case 21-CA-157007 on December 29, 2015.** The Complaint named “Long Beach Memorial Medical Center, Inc. D/BA Long Beach Memorial Medical Center & Miller Children’s and Women’s Hospital Long Beach” as the Respondent, even though LBMMC was never a named or properly charged party in the Charge or Case.

22. **Attached hereto as Exhibit 6 is a true and correct copy of the Answer to the Complaint filed by LBMMC on January 11, 2016.**

///

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 15 day of February, 2016, at Los Angeles, California.



ADAM C. ABRAHMS

# **EXHIBIT 1**



INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3512

DO NOT WRITE IN THIS SPACE

Case


21-CA-157007

Date Filed

07-28-15

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

<b>1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT</b>	
a. Name of Employer MemorialCare Health System, d/b/a Long Beach Memorial Medical Center	b. Tel. No. 562-833-2000 c. Cell No. f. Fax No. g. e-Mail h. Number of workers employed 10,000 +
d. Address (Street, city, state, and ZIP code) 2801 Atlantic Avenue Long Beach, CA 90806	e. Employer Representative Barry Arbuckle, Ph.D. President and CEO
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Healthcare
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the Employer has unilaterally implemented an overly broad dress code policy that unlawfully interferes, restrains and coerces employees' right to wear union insignia.  By these and other acts, the above-named Employer, through its officers, agents and representatives, has interfered with, restrained and coerced its employees in the exercise of the rights guaranteed in Section 7 of the Act.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) California Nurses Association/National Nurses United (CNA/NNU)	
4a. Address (Street and number, city, state, and ZIP code) 2000 Franklin Street Oakland, CA 94612	4b. Tel. No. 510-273-2200 4c. Cell No. 4d. Fax No. 510-863-4822 4e. e-Mail
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) AFL-CIO	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.  By  Micah Berul, In-House Counsel (signature of representative or person making charge) (Print/Type name and title or office, if any)	
Address 2000 Franklin Street, Oakland, CA 94612 07/28/2015 (date)	
Tel. No. 510-273-2292 Office, if any, Cell No. 510-610-7791 Fax No. 510-663-4822 e-Mail mberul@calnurses.org	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**EXHIBIT 2**

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD

## FIRST AMENDED CHARGE AGAINST EMPLOYER

## INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-CA-157007	09-16-15

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer MEMORIALCARE HEALTH SYSTEM, D/B/A LONG BEACH MEMORIAL MEDICAL CENTER		b. Tel. No. (562)933-2000
		c. Cell No.
d. Address (street, city, state ZIP code) 2801 ATLANTIC AVENUE, LONG BEACH, CA 90806	e. Employer Representative Barry Arbuckle, Ph.D. President and CEO	f. Fax No.
		g. e-Mail
		h. Dispute Location (City and State) LONG BEACH, CA
i. Type of Establishment (factory, nursing home, hotel) Acute Care Hospital	j. Principal Product or Service Healthcare	k. Number of Workers at dispute location 10,000

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5), of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices).

Within the past six months, the Employer has: promulgated and maintained an overly broad dress code policy that unlawfully interferes, restrains and coerces employees' right to wear union insignia; disparately enforced the dress code policy with regard to union insignia; and unilaterally implemented the dress code policy without bargaining in good faith with the Union, and without the Union's consent, despite the fact that the dress code policy change was a mid-term modification. Such conduct violates Section 8(a)(5), and additionally independently violates Section 8(a)(1), and is continuing to date. By these and other acts, the Employer has been interfering, restraining and coercing employees in the exercise of their Section 7 rights.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSE UNITED (CNA/NNU)

4a. Address (street and number, city, state, and ZIP code)

2000 FRANKLIN STREET, OAKLAND, CA 94612

4b. Tel. No.

(510)273-2200

4c. Cell No.

(510)610-7791

4d. Fax No.

(510)663-4822

4e. e-Mail

mberul@calnurses.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

## 6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By:

MICAH BERUL IN-HOUSE COUNSEL

(signature of representative of person making charge)

Print Name and Title

Tel. No.

(510)273-2200

Office, if any, Cell No.

(510)610-7791

Fax No.

(510)663-4822

e-Mail

mberul@calnurses.org

Address: 2000 FRANKLIN STREET,  
OAKLAND, CA 94612

Date:

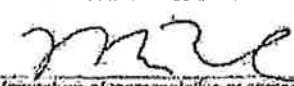
9/16/15

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# **EXHIBIT 3**



INTERNET FD-302 (Rev. 5-01) 12-08-11		UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD		FORM EXEMPT UNDER 44 U.S.C. 3512	
SECOND AMENDED CHARGE AGAINST EMPLOYER				DO NOT WRITE IN THIS SPACE	
INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.				Case 21-CA-157007	Date Filed 10-19-15
1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT					
a. Name of Employer MemorialCare Health System, d/b/a Long Beach Memorial Medical Center				b. Tel. No. 562-933-2000	
d. Address (Street, city, state, and ZIP code) 2801 Atlantic Avenue Long Beach, CA 90806				c. Cell No.	
e. Employer Representative Barry Arbuckle, Ph.D. President and CEO				f. Fax No.	
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital				g. e-Mail	
j. Identify principal product or service Healthcare				h. Number of workers employed 10,000 +	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.					
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the past six months, the Employer has: promulgated and maintained an overly broad dress code policy that unlawfully interferes, restrains and coerces employees' right to wear union insignia; disparately enforced the dress code policy with regard to union insignia; unilaterally implemented the dress code policy without bargaining in good faith with the Union, and without the Union's consent, despite the fact that the dress code policy change was a mid-term modification; and on or about October 7, 2015, harassed a Nurse Representative while disparately enforcing the unlawful dress code policy. Such conduct violates Section 8(a)(5), and additionally independently violates Section 8(a)(1), and is continuing to date. By these and other acts, the Employer has been interfering, restraining and coercing employees in the exercise of their Section 7 rights.					
3. Full name of party filing charge (if labor organization, give full name, including local name and number) California Nurses Association/National Nurses United (CNA/NNU)					
4a. Address (Street and number, city, state, and ZIP code) 2000 Franklin Street Oakland, CA 94612				4b. Tel. No. 510-273-2200	
				4c. Cell No.	
				4d. Fax No. 510-663-4822	
				4e. e-Mail	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) AFL-CIO					
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.  By  (Signature of representative or person making charge)				Tel. No. 510-273-2292	
Micah Berul, In-House Counsel (Print/type name and title or office, if any)				Office, if any, Cell No. 510-610-7791	
				Fax No. 510-663-4822	
2000 Franklin Street, Oakland, CA 94612				e-Mail mberul@calnurses.org	
10/19/2015 (date)					

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

# **EXHIBIT 4**

**Adam C. Abrahms**

---

**From:** Adam C. Abrahms <AAbrahms@ebglaw.com>  
**Sent:** Tuesday, November 10, 2015 4:25 PM  
**To:** Parker, Lindsay  
**Cc:** Kat Paterno  
**Subject:** RE: Long Beach

Thank you Lindsay.

Given that the Charge is filed and now maintain against the wrong entity we will submit a position statement by Thursday clarifying that issue. Once the Region receives our position statement, and should the Union not withdraw or again amend, we will be happy to respond to any additional questions the Region may have.

Thank you again for your professional courtesy and cooperation.

Adam

**EPSTEIN  
BECKER  
GREEN**

Adam C. Abrahms | Bio  
 t 310.557.9559 | f 310.943.3367  
[AAbrahms@ebglaw.com](mailto:AAbrahms@ebglaw.com)

1925 Century Park East  
 Suite 500 | Los Angeles, CA 90067-2506  
 t 310.556.8861 | [www.ebglaw.com](http://www.ebglaw.com)

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---

**From:** Parker, Lindsay [<mailto:Lindsay.Parker@nrlb.gov>]  
**Sent:** Tuesday, November 10, 2015 10:13 AM  
**To:** Adam C. Abrahms  
**Cc:** Kat Paterno  
**Subject:** Long Beach

Adam:

I spoke with Union Counsel this morning and as I suspected and relayed to you, he confirmed that in filing this charge, the Union did not intend to make any joint employer allegations or to include Memorial Health System as a Charged Party. He said in drafting the charge, he included what he believed to be the legal name of the hospital. Accordingly the charge is only against Long Beach Memorial Medical.



Thanks,

**Lindsay R. Parker**  
**Field Attorney**  
**National Labor Relations Board, Region 21**  
**888 S. Figueroa Street, Ninth Floor**  
**Los Angeles, California 90017**  
**Dir. (213) 894-5224**  
**Fax: (213) 894-2778**

# **EXHIBIT 5**

ACA  
KP

EPSTEIN BECKER &amp; GREEN

DEC 31 2015

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

LONG BEACH MEMORIAL MEDICAL CENTER,  
INC. D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER & MILLER CHILDREN'S  
AND WOMEN'S HOSPITAL LONG BEACH

and

Case 21-CA-157007

CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSES UNITED (CNA/NNU)

COMPLAINT AND NOTICE OF HEARING

This Complaint and Notice of Hearing is based on a charge filed by California Nurses Association/National Nurses United (CNA/NNU) (Union). It is issued pursuant to Section 10(b) of the National Labor Relations Act (the Act), 29 U.S.C. § 151 et seq., and Section 102.15 of the Rules and Regulations of the National Labor Relations Board (the Board) and alleges that Memorialcare Health System, D/B/A Long Beach Memorial Medical Center, whose correct name is Long Beach Memorial Medical Center, Inc. D/B/A Long Beach Memorial Medical Center & Miller Children's and Women's Hospital (Respondent) has violated the Act as described below.

1. (a) The charge in this proceeding was filed by the Union on July 28, 2015, and a copy was served on Respondent by regular mail on July 30, 2015.

(b) The first amended charge in this proceeding was filed by the Union on September 16, 2015, and a copy was served on Respondent by regular mail on September 17, 2015.

(c) The second amended charge in this proceeding was filed by the Union on October 19, 2015, and a copy was served on Respondent by regular mail on October 21, 2015.

2. (a) At all material times, Respondent, a health-care institution, whose primary facility with adjacent buildings is located at or within the proximity of 2801 Atlantic Avenue, Long Beach, California, herein the Long Beach facility, has been engaged in providing health-care services and has been an independent nonprofit subsidiary corporation of Memorial Care Health System (MHS).

(b) In conducting its operations described above in paragraph 2(a), during the 12-month period ending October 30, 2015, a representative period, Respondent derived gross revenues in excess of \$250,000, and purchased and received at its Long Beach, California facility goods valued in excess of \$50,000 directly from points outside the State of California.

3. At all material times, Respondent has been an employer engaged in commerce within the meaning of Section 2(2), (6) and (7) of the Act, and a health-care institution within the meaning of Section 2(14) of the Act.

4. At all material times, the Union has been a labor organization within the meaning of Section 2(5) of the Act.

5. At all material times, the following individuals have held the positions set forth opposite their respective names and have been supervisors of Respondent within the meaning of Section 2(11) of the Act and agents of Respondent within the meaning of Section 2(13) of the Act:

Shawn Kang

Executive Human Resources Director

Cynthia Rocha	Human Resources Director
Colleen Coonan	Director of General Pediatrics
Robin Johnson	Assistant Unit Manager

6. Since at least July 1, 2015, Respondent has maintained the following rule which is contained in Respondent's Dress Code and Grooming Standards Policy/Procedure #318 (dated March 3, 2014):

"Only MHS approved pins, badges, and professional certifications may be worn."

7. (a) About July 9, 2015, Respondent, by Colleen Coonan, in the Children's Department of the Long Beach facility, prohibited an employee from wearing a badge reel holder containing Union insignia while permitting employees to wear badge reel holders containing other insignia.

(b) About October 7, 2015, Respondent, by Robin Johnson, in the Outpatient Surgery Department of the Long Beach facility, prohibited an employee from wearing a badge holder containing Union insignia while permitting employees to wear badge reel holders containing other insignia.

8. By the conduct described above in paragraphs 6 and 7, Respondent has been interfering with, restraining, and coercing employees in the exercise of the rights guaranteed in Section 7 of the Act in violation of Section 8(a)(1) of the Act.

9. The unfair labor practices of Respondent described above affect commerce within the meaning of Section 2(6) and (7) of the Act.

ANSWER REQUIREMENT

Respondent is notified that, pursuant to Sections 102.20 and 102.21 of the Board's Rules and Regulations, it must file an answer to the complaint. The answer must be received by this office on or before January 12, 2016, or postmarked on or before January 11, 2016.

Respondent should file an original and four copies of the answer with this office and serve a copy of the answer on each of the other parties.

An answer may also be filed electronically through the Agency's website. To file electronically, go to [www.nlr.gov](http://www.nlr.gov), click on **E-File Documents**, enter the NLRB Case Number, and follow the detailed instructions. The responsibility for the receipt and usability of the answer rests exclusively upon the sender. Unless notification on the Agency's website informs users that the Agency's E-Filing system is officially determined to be in technical failure because it is unable to receive documents for a continuous period of more than 2 hours after 12:00 noon (Eastern Time) on the due date for filing, a failure to timely file the answer will not be excused on the basis that the transmission could not be accomplished because the Agency's website was off-line or unavailable for some other reason. The Board's Rules and Regulations require that an answer be signed by counsel or non-attorney representative for represented parties or by the party if not represented. See Section 102.21. If the answer being filed electronically is a pdf document containing the required signature, no paper copies of the answer need to be transmitted to the Regional Office. However, if the electronic version of an answer to a complaint is not a pdf file containing the required signature, then the E-filing rules require that such answer containing the required signature continue to be submitted to the Regional Office by traditional means within three (3) business days after the date of electronic filing. Service of the answer on each of the other parties must still be accomplished by means allowed under the Board's Rules and Regulations. The answer may not be filed by facsimile transmission. If no answer is filed, or

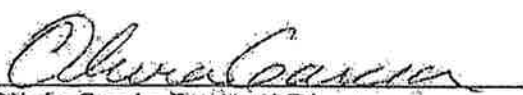
if an answer is filed untimely, the Board may find, pursuant to a Motion for Default Judgment, that the allegations in the complaint are true.

NOTICE OF HEARING

PLEASE TAKE NOTICE THAT on March 14, 2016, at 1:00 p.m., PST at the National Labor Relations Board, Region 21, 888 South Figueroa Street, Ninth Floor, Hearing Room 902, Los Angeles, CA, and on consecutive days thereafter until concluded, a hearing will be conducted before an administrative law judge of the National Labor Relations Board. At the hearing, Respondent and any other party to this proceeding have the right to appear and present testimony regarding the allegations in this complaint. The procedures to be followed at the hearing are described in the attached Form NLRB-4668. The procedure to request a postponement of the hearing is described in the attached Form NLRB-4338.

DATED at Los Angeles, California, this 29<sup>th</sup> day of December 2015.

Attachments

  
Olivia Garcia, Regional Director  
National Labor Relations Board, Region 21  
888 South Figueroa Street, Ninth Floor  
Los Angeles, CA 90017-5449



# **EXHIBIT 6**

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

LONG BEACH MEMORIAL MEDICAL  
CENTER INC. d/b/a LONG BEACH MEMORIAL  
MEDICAL CENTER AND MILLER  
CHILDREN'S & WOMEN'S HOSPITAL LONG  
BEACH

-and-

CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)

Case 21-CA-157007

**LONG BEACH MEMORIAL MEDICAL CENTER, INC.'S ANSWER TO THE  
COMPLAINT**

Adam C. Abrahms, Esq.  
Kathleen F. Paterno, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500  
Los Angeles, CA 90067  
Attorneys for Long Beach Memorial Medical  
Center, Inc.

Pursuant to Sections 102.20 and 102.21 of the Board's Rules and Regulations, Long Beach Memorial Medical Center, Inc., which owns and operates Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach (collectively "LBMMC"), by its attorneys Epstein Becker & Green, P.C., hereby answers the Complaint and Notice of Hearing ("Complaint") in the above-captioned matter as follows:

Preamble: With respect to the allegations in the first sentence of the Preamble Paragraph of the Complaint, LBMMC denies knowledge or information sufficient to form a belief as to the truth of the allegations and therefore denies the allegations. With respect to the allegations in the second sentence of the Preamble, LBMMC denies that it is a proper respondent to this action. LBMMC, upon information and belief, denies that there is any legal entity in existence named "Memorialcare Health System, D/B/A Long Beach Memorial Medical Center" and thus also denies that such nonexistent entity's "correct name" is "Long Beach Memorial Medical Center, Inc. D/B/A Long Beach Memorial Medical Center & Miller Children's and Women's Hospital." Upon information and belief, LBMMC admits that the correct legal name of Long Beach Memorial Medical Center, Inc.'s parent corporation is Memorial Health Services ("MHS"), which LBMMC admits, upon information and belief, is a nonprofit corporation with its headquarters in Fountain Valley, California. LBMMC admits that it is a separate and distinct legal entity from MHS, and both LBMMC and MHS have separate governing Boards of Directors, separate executive officers, separate finances, separate legal addresses, etc.

LBMMC denies that it is a proper respondent in this action, and it also denies that it has in any way violated the National Labor Relations Act, as amended, (the "Act") as is alleged in the Preamble of the Complaint.

1(a). The Charge in Case 21-CA-157007 filed by the Union on July 28, 2015, was not filed against LBMMC, and thus LBMMC was not properly served. LBMMC denies that it is a proper respondent in this action and denies the allegations contained in Paragraph 1(a) of the Complaint.

1(b). The First Amended Charge in Case 21-CA-157007 filed by the Union on September 16, 2015, was not filed against LBMMC, and thus LBMMC was not properly served. LBMMC denies that it is a proper respondent in this action and denies the allegations contained in Paragraph 1(b) of the Complaint.

1(c). The Second Amended Charge in Case 21-CA-157007 filed by the Union on October 19, 2015 was not filed against LBMMC, and thus LBMMC was not properly served. LBMMC denies that it is a proper respondent in this action and denies the allegations contained in Paragraph 1(c) of the Complaint.

2(a). LBMMC admits all the allegations in Paragraph 2(a) of the Complaint, except LBMMC denies that it is a proper respondent in this action or that it is an independent nonprofit subsidiary corporation of "Memorial Care Health System," which upon information and belief, is merely a d/b/a of LBMMC's parent corporation, MHS.

2(b). LBMMC denies that it is a proper respondent in this action, but admits the remaining allegations contained in Paragraph 2(b) of the Complaint.

3. LBMMC denies that it is a proper respondent in this action, but admits the remaining allegations contained in Paragraph 3 of the Complaint.

4. Upon information and belief, LBMMC admits the allegations contained in Paragraph 4 of the Complaint.

5. LBMMC denies that it is a proper respondent in this action. Regarding the allegations contained in Paragraph 5 of the Complaint, LBMMC denies that Shawn Kang has been employed at all material times by LBMMC as Executive Human Resources Director but admits that Shawn Kang has been employed at all material times by LBMMC as Executive Director, Human Resources. Regarding the allegations contained in Paragraph 5 of the Complaint, LBMMC denies that Cinthya Rocha has been employed at all material times by LBMMC as Human Resources Director but admits that Cinthya Rocha has been employed at all material times by LBMMC as Director, Human Resources. LBMMC admits all remaining allegations contained in Paragraph 5 of the Complaint.

6. LBMMC denies that it is a proper respondent in this action. LBMMC admits that it has adopted and maintained "Dress Code and Grooming Standards" Policy/Procedure # 318 (dated March 3, 2014) and admits that such Policy contains various rules and guidelines, including but not limited to the rule alleged in Paragraph 6 of the Complaint, some of which are applicable to some LBMMC employees at certain times.

7(a). LBMMC denies the allegations contained in Paragraph 7(a) of the Complaint.

7(b). LBMMC denies the allegations contained in Paragraph 7(b) of the Complaint.

8. LBMMC states that Paragraph 8 contains legal conclusions to which no response is required. To the extent that a response may be required, LBMMC denies the allegations contained in Paragraph 8 of the Complaint.

9. LBMMC states that Paragraph 9 contains legal conclusions to which no response is required. To the extent that a response may be required, LBMMC denies the allegations contained in Paragraph 9 of the Complaint.

AFFIRMATIVE DEFENSES

1. LBMMC has never been properly named as a party in this action, was never properly and legally served, and thus LBMMC has not been afforded adequate Due Process.

2. The Complaint in its entirety, and each of the Paragraphs alleged therein, must be dismissed as the Complaint was not issued in accordance with, and is thus not compliant with, NLRB Rules, Regulations and/or Manuals, and/or federal law.

3. The allegations contained in the Complaint alleging violations of the Act, particularly those allegations improperly brought against LBMMC, fail to state a cause of action upon which relief can be granted under the Act.

4. The allegations contained in the Complaint seek relief that is improper and is not authorized under the Act.


5. All actions engaged in by LBMMC were for legitimate reasons that were not motivated by, or pretexts for, an unlawful animus.

WHEREFORE, LBMMC respectfully requests that the Complaint be dismissed in its entirety.

Respectfully submitted,

EPSTEIN, BECKER & GREEN, P.C.

By:

  
Kathleen F. Paterno

Adam C. Abrahms, Esq.  
Kathleen F. Paterno, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500.  
Los Angeles, CA 90067  
Attorneys for Long Beach Memorial Medical  
Center, Inc.



**CERTIFICATE OF SERVICE**

I, Ellie Cook, hereby certify, under penalty of perjury, that I am not a party to this action, I am over 18 years of age, and on January 11, 2016 I caused a true copy of the attached **Long Beach Memorial Medical Center, Inc.'s Answer to the Complaint** to be served by U.S. Mail upon the following individuals:

Micah Berul, Legal Counsel  
California Nurse Association/  
National Nurses United (CNA/NNU)  
2000 Franklin Street  
Oakland, CA 94612

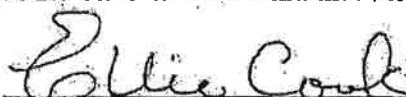
Cynthia Hanna, Labor Representative  
California Nurse Association/  
National Nurses United (CNA/NNU)  
222 W. Broadway, Suite 500  
Glendale, CA 91204

I served the document described above on **January 11, 2016.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1/11/16  
DATE

Ellie Cook  
(TYPE OR PRINT NAME)

  
(SIGNATURE OF DECLARANT)

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD

LONG BEACH MEMORIAL MEDICAL  
CENTER INC. d/b/a LONG BEACH MEMORIAL  
MEDICAL CENTER AND MILLER  
CHILDREN'S & WOMEN'S HOSPITAL LONG  
BEACH

-and-

CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)

Case 21-CA-157007

**LONG BEACH MEMORIAL MEDICAL CENTER, INC.'S**  
**MOTION FOR SUMMARY JUDGMENT &**  
**MEMORANDUM OF POINTS AND AUTHORITIES**

Adam C. Abrahms, Esq.  
Kathleen F. Paterno, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500  
Los Angeles, CA 90067  
Attorneys for Long Beach Memorial Medical  
Center, Inc.

**TABLE OF CONTENTS**

	<b>Page</b>
<b>I. INTRODUCTION</b>	1
<b>II. FACTUAL BACKGROUND</b>	3
<b>III. ANALYSIS.</b>	8
1. Because the Charge Did Not Correctly Name LBMMC as a Charged Party, the Allegations in the Charge are Inapplicable to LBMMC..	8
2. Because LBMMC Was Not Correctly Named as a Party to the Charge, the Board Does Not Have the Authority to Issue a Complaint Against LBMMC.	11
<b>IV. CONCLUSION.</b>	12

**TABLE OF AUTHORITIES****Pages****Statutes**

29 U.S.C. § 156.....	11, 12
29 U.S.C. § 152.....	11, 12

**Regulations**

NLRB Rules and Regulations, 29 C.F.R. § 102.11.....	9, 11
NLRB Rules and Regulations, 29 C.F.R. § 102.12(a).....	8, 10, 11
NLRB Rules and Regulations, 29 C.F.R. § 102.24.....	1

**Rules**

NLRB Casehandling Manual § 10052.1.....	9, 10
NLRB Casehandling Manual § 10056.....	9, 10
NLRB Casehandling Manual § 10260.....	11
NLRB Casehandling Manual § 10062.6.....	9, 10
NLRB Casehandling Manual § 10264.3.....	12

Long Beach Memorial Medical Center d/b/a Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach ("Hospital" or "LBMMC"), pursuant to the National Labor Relations Board ("Board" or "NLRB") Rules and Regulations Section 102.24, hereby moves for summary judgment on the Complaint and Notice of Hearing ("Complaint") issued by Region 21 ("Region") because the undisputed facts establish that initial charge filed by the California Nurses Association ("Union"), and the two amendments it filed thereafter, in Case 21-CA-157007 (collectively "Charge"), did not name LBMMC as the employer/charged party, despite both the Union and the Region being fully aware that LBMMC was not so named. The requested relief of dismissing the Complaint in its entirety is appropriate. The National Labor Relations Act, as amended (the "Act") and Board Rules and Procedures, which are mirrored in the Board's guidelines and processes, make clear that because LBMMC was not named as the charged party in the Charge, LBMMC is not properly named as a Respondent and cannot be a party to the Complaint as a matter of law. On these grounds, LBMMC is therefore entitled to summary judgment.

In support of this Motion for Summary Judgment, LBMCC submits the below Memorandum of Points and Authorities, as well as the Declaration of Adam C. Abrahms.

## **I. INTRODUCTION**

This firm separately represents both LBMMC and its parent corporation Memorial Health Services ("MHS"). LBMMC and MHS are separate and distinct legal entities. For approximately fourteen (14) years, the Union has represented approximately 2,000 registered nurses at LBMMC. The Union has no relationship with MHS whatsoever. Nonetheless, when

the Union filed the Charge at issue in the Complaint, it appeared<sup>1</sup> to be filed against to the wrong entity, namely MHS.

Counsel for LBMMC and MHS notified the Region that the Charge had been clearly erroneously directed to MHS, and specifically asked that the Charge be amended to include the correct legal name of the charged party and to identify the entity against which the allegations were being made.

However, when the Union amended the Charge, it did *not* amend the name of the charged party. Rather, its amendments were limited solely to its self-serving expansive, new allegations that casted doubt over which entity the Union was actually filing the First Amended Charge against.

Thus, the First Amended Charge remained directed at MHS with no attempt to name LBMMC as a party.

Hence, a statement of position was filed that clearly stated that the Union had filed the Charge against the wrong party and had incorrectly named that party, provided the correct legal names of both LBMMC and MHS and described that they were two separate legal entities.

Thereafter, the Union filed a Second Amended Charge. The Union's Second Amended Charge, like the two (2) before it, continued to list the wrong name and party, while liberally amending its allegations. Counsel pressed the Region, repeatedly noting that there was no basis to bring a Charge against MHS and if the Union intended LBMMC to be a party, the Union should amend the Charge to name LBMMC. All the Union and Region needed to do was to make a simple amendment to the Charge to name the right employer, but no such amendment was ever made. Consequently, throughout the Region's investigation, the Charge was directed at MHS. Only after the investigation concluded, and without any Charge against it, did Counsel for the General Counsel improperly, and without due process, attempt to bootstrap LBMMC into the

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<sup>1</sup> The name the Union listed for the employer/charged party is a nonexistent legal entity. However, the name most closely resembles the corporate name of MHS, listed MHS' President and CEO and listed the entity as having over 10,000 employees, a number far exceeding LBMMC's and closely resembling the number affiliated with MHS.



Complaint for the first time, naming LBMMC under the disingenuous guise of a name change. As LBMMC was never named as a charged party in Case 21-CA-157007, LBMMC is not a proper party/respondent to the Complaint pursuant to Federal law and Board rules and procedures.

## **II. FACTUAL BACKGROUND**

LBMMC is a hospital with approximately 5,000 employees. The Union has represented the Hospital's registered nurses for about fourteen (14) years. The current collective bargaining agreement ("CBA") between the parties became effective July 1, 2012 and remains effective until March 31, 2016. (See ¶ 2 of the Declaration of Adam C. Abrahms ("Abrahms Decl.")).

Memorial Health Services ("MHS") is the parent corporation of LBMMC.<sup>2</sup> (See ¶ 3 of Abrahms Decl.). MHS and the Hospital are separate and distinct legal entities. Each have separate governing Boards of Directors, separate Chief Executive Officers (MHS' CEO is Barry Arbuckle) and other executives, as well as separate finances, among other things. LBMMC has a completely different CEO and other executives, etc. This firm represents both MHS and LBMMC separately. Both the Region and the Union were well aware of all these facts *before* the filing of the original Charge at issue. (See ¶ 4 of Abrahms Decl.).

On July 28, 2015, the Union filed a Charge in Case 21-CA-157007 and named "MemorialCare Health System, D/B/A Long Beach Memorial Medical Center" as the Employer/charged party. (See ¶ 5 of Abrahms Decl.; see also Ex. 1 of Abrahms Decl.). No such legal entity exists. The Charge listed Barry Arbuckle as the President and CEO of the employer/charged party (Barry Arbuckle is not the President and CEO of LBMMC) and stated that the employer/charged party had "10,000+" employees (LBMMC only has about 5,000). The allegations in the Charge were devoid of any identifiable facts. (See ¶ 5 of Abrahms Decl.).

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<sup>2</sup> MHS is also the parent corporation of other hospitals and facilities that are separate and distinct legal entities from LBMMC.

On September 4, 2015, the Region sent a letter requesting a statement of position and setting forth a plethora of facts that were not only not implicated in the Charge, but also served to cause great confusion regarding which entity the allegations were being asserted against. Upon receiving the Region's letter, counsel for MHS and LBMMC sought clarification from the Region regarding which entity the Union was alleging violated the Act, as well as clarification regarding the convoluted allegations themselves, and requested that the Region have the Union **amend the Charge to identify and correctly name the intended charged party.** (See ¶ 6 of Abrahms Decl.).

Shortly thereafter, on September 16, 2015, the Union filed its First Amended Charge. (See ¶ 7 of Abrahms Decl.; see also Ex. 2 of Abrahms Decl.). While the Union used the opportunity to amend to include all sorts of new allegations that were not even inferred in its original Charge, the First Amended Charge failed to amend the name of the charged party. (See ¶ 7 of Abrahms Decl.).

Instead, the First Amended Charge continued to name "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." as the charged party, continued to name Barry Arbuckle as the CEO and President, and continued to claim the charged party had 10,000 employees. From the context of the investigation, the Charge remained directed at the parent corporation, MHS. (See ¶ 8 of Abrahms Decl.).

The First Amended Charge alleged violations of Sections 8(a)(1) and 8(a)(5) of National Labor Relations Act, as amended, (the "Act"). The Union does not have a collective bargaining agreement with MHS or any relationship with MHS whatsoever, yet the allegations seemed to infer MHS was the (or an) intended party. Thus, counsel for LBMMC and MHS made further attempts to clarify the Union's allegations and the party it was alleging them against, noting that if the Union was making allegations against LBMMC, the Charge should be amended to reflect that. No such amendments were made. (See ¶ 9 of Abrahms Decl.).

Consequently, on October 2, 2015, counsel for LBMMC and MHS filed an 18-page statement of position. On the very first page of the statement, counsel immediately pointed out

that the charged party's name was incorrect, and that no such entity existed. The statement also provided the correct legal name for both LBMMC and MHS. (See ¶ 10 of Abrahms Decl.).

The first page of the statement of position submitted on October 2, 2015, stated:

The Charge has incorrectly named the employer as "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." The correct name of the Hospital is "Long Beach Memorial Medical Center, Inc. d/b/a Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach," and the correct name of the Hospital's parent corporation, is "Memorial Health Services" ("MHS").

(See ¶ 11 of Abrahms Decl.). The statement of position also noted that "both the Region and the Union are well aware that MHS and the Hospital are two distinct and separate legal entities<sup>3</sup>, and the Union is surely aware that it has no relationship with MHS that would allow it to allege an 8(a)(5) violation against it." *Id.*

On October 19, 2015, the Union was permitted to file a *Second Amended Charge*. (See ¶ 12 of Abrahms Decl.; see also Ex. 3 of Abrahms Decl.). However, yet again, the only amendments made were to the Union's own *allegations* in an attempt to keep its meritless allegations alive. *Id.*

The Second Amended Charge, like the two (2) before it, continued to name "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." as the charged party, continued to name Barry Arbuckle as the CEO and President, and continued to claim the charged party had 10,000 employees. Based on this Second Amendment, especially in light of the investigation, the Charge continued to be directed solely to MHS. (See ¶ 13 of Abrahms Decl.).

The Region requested a second position statement be filed by November 12, 2015. (See ¶ 14 of Abrahms Decl.).

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<sup>3</sup> Lindsay Parker, the Board agent assigned to Case 21-CA-157007, was well aware of the distinction between the legal entities. She had been the Counsel for the General Counsel assigned to Consolidated Cases 21-CA-127866, 21-CA-137149 & 21-CA-133037 in which the issue had been raised in LBMMC's and MHS' separately filed Answers providing and correcting the legal names and explaining they were separate legal entities. As Counsel for the General Counsel, she pursued separate theories of liability and separate allegations against the parties in that consolidated action, ultimately reaching separate settlements with each party.

Despite repeated communications and requests for clarification/amendment by counsel for LBMMC and MHS regarding which entity the Union's allegations were against, the assigned Board agent, Lindsay Parker, on November 10, 2015—just two (2) days before the second position statement was due—further confused the issue by indicating that while the Charge was directed against MHS, the Union was not making any joint employer or alter ego allegations and, in fact, the Union actually intended to bring the allegations against LBMMC. (See ¶ 15 of Abrahms Decl.; see also Ex. 4 of Abrahms Decl.).

As all three (3) incarnations of the Union's Charge had named "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr.," it became clear—two (2) days before the second position statement was due—that the Union had not only incorrectly named the charged party but had also filed the Charge against the *wrong entity*. Counsel for MHS and LBMMC responded by stating that given that the Charge had been filed and maintained against the wrong entity (MHS), Counsel would address and clarify that issue for the Region in its position statement, which it did. Counsel also noted that if, in light of the information provided in the November 12, 2015 position statement, the Union wished to withdraw and re-file or finally amend the Charge to name the correct party and its correct legal name, counsel would be happy to respond to any additional questions or provide any additional statements of position the Region may request thereafter. (See ¶ 16 of Abrahms Decl.; see also Ex. 4 of Abrahms Decl.).

On November 12, 2015, counsel, on behalf of MHS only, submitted another statement of position in response to the Second Amended Charge and again made it clear that the Charge had incorrectly named the wrong employer. (See ¶ 17 of Abrahms Decl.). It stated:

As the Region is aware, the Second Amended Charge filed by the California Nurses Association ("Union" or "CNA") has incorrectly named the employer as "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr." The correct name of the legal entity is "Memorial Health Services" ("MHS"). MHS is the parent corporation of Long Beach Memorial Medical Center, Inc. Long Beach Memorial Medical Center, Inc. owns and operates the hospital with which the Union has a relationship, Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach ("Hospital"). MHS and the Hospital are separate and distinct

legal entities, and each have separate governing Boards of Directors, separate Chief Executive Officers and other executives and separate finances, among other things.

(See ¶ 17 of Abrahms Decl.).

The Union and the Region were both fully aware that the Union had incorrectly named and directed the Charge against the wrong the charged party and that there were two entities potentially implicated by the both the face of the Charge and the allegations. Despite this, the Union was given two (2) opportunities to liberally amend its own allegations in its Charge, and yet the Union, on both occasions, completely failed to amend the Charge to identify LBMMC as the charged party or to provide LBMMC's correct legal name. (See ¶ 18 of Abrahms Decl.).

More important, once the Region provided counsel for LBMMC and MHS confirmation on November 10, 2015 that MHS was not the intended charged party, the Region still did not require the Union to amend the Charge to identify and correctly name the intended charged party. Rather, it let the erroneously filed Charge stand. (See ¶ 19 of Abrahms Decl.).

That the Union chose to name the charged party as "MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr.," named Barry Arbuckle as the President and CEO and listed the Charged employer as having 10,000 employees—and then refused to amend the name when it was on notice of the errors and was provided multiple opportunities to amend, strongly suggests the that Union intentionally created and used the fictional name to purposely cause confusion as to which entity allegedly violated the Act, to waste the parties' time and resources and to conveniently enable the Union to cast its net as broadly as possible for as long as possible. This type of false and misleading pleading is contrary to Federal law and Board Rules and Guidelines for precisely this reason.

At no time prior to the issuance of the Complaint did the Region or the Union withdraw and re-file or amend the Charge to name LBMMC as the charged party and provide its correct legal name. Thus, LBMMC had never been a party to the Charge in Case 21-CA-157007. (See ¶ 20 of Abrahms Decl.).



Yet, on December 29, 2015, a Complaint was issued in Case 21-CA-157007 naming “Long Beach Memorial Medical Center, Inc. D/BA Long Beach Memorial Medical Center & Miller Children’s and Women’s Hospital Long Beach” as the Respondent, even though LBMMC was never a properly charged party in the Charge or Case. (See ¶ 21 of Abrahms Decl.; see also Ex. 5 of Abrahms Decl.). Rather than making a simple amendment to name the proper party in the Charge, the Region, in a not-so-subtle attempt to cover the error, unacceptably attempted to bootstrap LBMMC into the Complaint in its Preamble as follows: “Memorialcare Health System, D/B/A Long Beach Memorial Medical Center, whose correct name is Long Beach Memorial Medical Center, Inc. D/B/A Long Beach Memorial Medical Center & Miller Children’s and Women’s Hospital (Respondent) has violated the Act as described below.”

On January 11, 2016, LBMMC filed an Answer to the Complaint. (See ¶ 22 of Abrahms Decl.; see also Ex. 6 of Abrahms Decl.). The Answer stated in its first and second paragraphs of its Affirmative Defenses that “LBMMC has never been properly named as a party in this action” and that the Complaint must be dismissed as it “was not issued in accordance with, and is thus not compliant with NLRB Rules, Regulations and/or manuals, and/or federal law.”

### III. ANALYSIS

Because none of the three (3) incarnations of the Charge filed in Case 21-CA-157007 listed LBMMC and/or its legally correct name as the employer/charged party, as a matter of law, LBMMC is not a proper respondent to the Complaint.

#### 1. **Because the Charge Did Not Correctly Name LBMMC as a Charged Party, the Allegations in the Charge are Inapplicable to LBMMC.**

Pursuant to the NLRB Rules and Regulations, a “charge shall contain the following: (a) The full name and address of the person against whom the charge is made (hereinafter referred to as the respondent).” NLRB Rules and Regulations, 29 C.F.R. § 102.12(a). The NLRB Rules and Regulations also state: “Such charges shall be in writing and signed, and either shall be sworn to before a notary public, Board agent, or other person duly authorized by

law to administer oaths and take acknowledgments or shall contain a declaration by the person signing it, **under penalty of perjury that its contents are true and correct** (see 28 U.S.C. Sec. 1746).” NLRB Rules and Regulations, 29 C.F.R. § 102.11.

Pursuant to the NLRB Casehandling Manual (“Manual”), Board agents are tasked at the earliest stages to review and investigate the basic contents of a charge. Upon receipt of a charge, Board agents are asked to “Review the charge form to assure that it is correct on its face, i.e., that the charge contains the **correct and full name of the parties**.” NLRB Casehandling Manual § 10052.1 (emphasis added).

The Manual also states: “If the charge appears meritorious and there is concern about whether the **correct party** has been alleged,” Board agents are directed to investigate and actually conduct online research “to ensure the **correct legal name of the charged party is used in future proceedings**.” *Id.* at § 10056 (emphasis added).

Further, according to the Manual: “The Board agent should seek **an amended charge when necessary to correct the names of parties**.” *Id.* at § 10062.6.

The initial Charge and the subsequent amendments made to the Charge in Case 21-CA-157007 all incorrectly named the charged party as “MemorialCare Health System d/b/a Long Beach Memorial Med. Ctr.”

Counsel for LBMMC and MHS repeatedly, both verbally and in writing, explained to the Region that (1) no such entity exists, (2) the correct name of the Hospital is “Long Beach Memorial Medical Center, Inc. d/b/a Long Beach Memorial Medical Center and Miller Children’s & Women’s Hospital Long Beach,” and (3) the correct name of the Hospital’s parent corporation, is “Memorial Health Services.” Moreover, counsel for LBMMC and MHS repeatedly and specifically requested that the Charge be properly amended to specify which entity the Union’s allegations were against, as it appeared the Union had wrongly directed the Charge to MHS.

The most reasonable reading of the erroneous name is that the Charge was being filed against MHS; the naming of Barry Arbuckle as the President and CEO and the statement that the



employer has 10,000 employees makes this conclusion all the more reasonable. The Union is certainly aware after its 14-year relationship with the Hospital that the Hospital does not have anywhere *near* 10,000 employees. And the Union is equally aware that Barry Arbuckle is not the Hospital's CEO. However, because MHS has no relationship whatsoever with the Union, the incorrect naming of the charged party, along with the convoluted allegations, caused confusion as to which entity the allegations were being brought against.

Both the Union and the Region were aware that the Charge incorrectly named and was directed to the wrong party. Counsel for MHS and LBMMC made repeated requests for amendments and clarification regarding the intended charged party. Yet when the Region allowed the Union to amend its Charge on two occasions, the Region did not require the Union, nor did the Union make any attempt, to correctly identify the intended charged party and/or provide the correct legal name of such Party, as is required by both federal law and the Board's own guidelines and procedures. See NLRB Rules and Regulations, 29 C.F.R. § 102.12(a); see also NLRB Casehandling Manual §§ 10052.1; 10056; 10062.6. The Region did, however, allow the Union to take full advantage of the two amendment opportunities to generously amend its own substantive allegations.

Additionally, the Board agent had direct and clear notice that there was a "concern whether the correct party has been alleged." *Id.* at § 10056. There was no need for her to even conduct any kind of "investigation" as the Manual instructs as to whether the correct party or "correct legal name" of such party had been alleged in the Charge. *Id.* Counsel for LBMMC and MHS had repeatedly directly notified the agent both verbally and in writing that Charge was clearly erroneously directed to MHS, and further, willingly provided her with the correct legal names of both parties and requested amendment and clarification. Despite the repeated requests to the Region to have the Union amend the Charge to identify the intended party and to use the correct legal name of the charged party, no such amendment was ever made.

**2. Because LBMMC Was Not Correctly Named as a Party to the Charge, the Board Does Not Have the Authority to Issue a Complaint Against LBMMC.**

The issue of naming the correct party in the charge is directly related to the naming of the respondent in a complaint. The Manual states:

A complaint must be well founded in all respects since it constitutes the exercise of the General Counsel's final authority. Sec. 3(d) of the Act. If there is a concern about whether the correct party has been alleged, the steps outlined in Section 10056 should be undertaken prior to the issuance of a complaint.

NLRB Casehandling Manual at § 10260 (emphasis added).

Pursuant to NLRB Casehandling Manual Section 10264.3, "The legally correct name of the respondent(s) must be used in the charge and complaint." (Emphasis added).

Federal law mirrors the Manual's mandate that both the charge *and* the complaint name the same party, and that the party's name and information in the charge be legally correct—under penalty of perjury. See NLRB Rules and Regulations, 29 C.F.R. §§ 102.11; 102.12(a).

Section 10(b) of the Act states: "Whenever it is charged that any person has engaged in or is engaging in such unfair labor practice, the Board, or any agent or agency designated by the Board for such purposes, shall have the power to issue and cause to be served upon such person a complaint stating the charges in that respect." 29 U.S.C. § 156 (emphasis added). Section 6 of the Act defines the term "person" as "one or more individuals, labor organizations, partnerships, associations, corporations, legal representatives, trustees, trustees in bankruptcy, or receivers." 29 U.S.C. § 152 (emphasis added).

The fictitiously named charged party in Case 21-CA-157007 certainly does not fall within the definition of a "person" under Section 2 of the Act, as it is not even the name of an existing legal entity.

More important, LBMMC was never correctly named as the employer/charged party on the Charge or any of its amendments in Case 21-CA-157007. Accordingly, pursuant to the Act itself, neither the Board, nor any of its agents, have "the power to issue" a complaint against

LBMMC. 29 U.S.C. § 156. The Act only authorizes the Board to do so only after such “person” was “charged” with committing an unfair labor practice. *Id.* LBMMC has not been so charged in this instance. *Id.*


The Counsel for the General Counsel’s awkward attempt to name LBMMC as the respondent in the Preamble of the Complaint via sloppy bootstrapping is offensive and wholly insufficient. The Counsel for the General Counsel, the Region and the Union should not be allowed to circumvent Federal law and Board procedures in order to cover their errors, particularly, as is the case here, when both the Region and the Union had an abundance of notice as to the correct legal names and separate legal identities of LBMMC and MHS even far *before* the filing of the Charge. As the legally correct name of LBMMC was not used “in the charge and complaint” as is required by both Federal law and Board procedures, LBMMC is entitled to summary judgment as a matter of law. NLRB Casehandling Manual § 10264.3; see also 29 U.S.C. § 152.

#### IV. CONCLUSION

The law governing this case is clear and the material facts are undisputed. Therefore, LBMMC requests that the Board dismiss the Complaint in its entirety.

Respectfully submitted,

EPSTEIN, BECKER & GREEN, P.C.

By:   
Adam C. Abrahms, Esq.

Adam C. Abrahms, Esq.  
Kathleen F. Paterno, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500  
Los Angeles, CA 90067  
Attorneys for Long Beach Memorial Medical  
Center, Inc.

**CERTIFICATE OF SERVICE**

I hereby certify that I served the attached copy of Long Beach Memorial Medical Center, Inc.'s Motion for Summary Judgment, Memorandum of Points and Authorities, and Declaration of Adam C. Abrahms in Support of Such Motion and Memorandum in Case No. 21-CA-157007 on the parties listed below on the 15<sup>th</sup> day of February, 2016.

**VIA E-FILE**

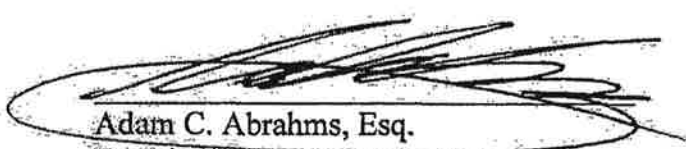
Gary Shinnars, Executive Secretary  
National Labor Relations Board  
1015 Half Street SE  
Washington, D.C. 20570-0001  
[www.nlr.gov](http://www.nlr.gov)

**VIA E-MAIL**

Micah Berul, Legal Counsel  
California Nurse Association/  
National Nurses United (CNA/NNU)  
2000 Franklin Street  
Oakland, CA 94612  
[mberul@calnurses.org](mailto:mberul@calnurses.org)

Olivia Garcia, Regional Director  
National Labor Relations Board  
Region 21  
888 S. Figueroa St., Ninth Floor  
Los Angeles, California 90017-5449  
[Olivia.Garcia@nlrb.gov](mailto:Olivia.Garcia@nlrb.gov)

Cynthia Hanna, Labor Representative  
California Nurse Association/  
National Nurses United (CNA/NNU)  
222 W. Broadway, Suite 500  
Glendale, CA 91204  
[channa@calnurses.org](mailto:channa@calnurses.org)



Adam C. Abrahms, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500  
Los Angeles, CA 90067  
Counsel for Long Beach Memorial Medical Center,  
Inc.

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

LONG BEACH MEMORIAL MEDICAL  
CENTER INC. d/b/a LONG BEACH MEMORIAL  
MEDICAL CENTER AND MILLER  
CHILDREN'S & WOMEN'S HOSPITAL LONG  
BEACH

-and-

CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NU)

Case 21-CA-157007

**LONG BEACH MEMORIAL MEDICAL CENTER, INC.'S ANSWER TO THE  
COMPLAINT**

Adam C. Abrahms, Esq.  
Kathleen F. Paterno, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500  
Los Angeles, CA 90067  
Attorneys for Long Beach Memorial Medical  
Center, Inc.

Pursuant to Sections 102.20 and 102.21 of the Board's Rules and Regulations, Long Beach Memorial Medical Center, Inc., which owns and operates Long Beach Memorial Medical Center and Miller Children's & Women's Hospital Long Beach (collectively "LBMMC"), by its attorneys Epstein Becker & Green, P.C., hereby answers the Complaint and Notice of Hearing ("Complaint") in the above-captioned matter as follows:

Preamble: With respect to the allegations in the first sentence of the Preamble Paragraph of the Complaint, LBMMC denies knowledge or information sufficient to form a belief as to the truth of the allegations and therefore denies the allegations. With respect to the allegations in the second sentence of the Preamble, LBMMC denies that it is a proper respondent to this action. LBMMC, upon information and belief, denies that there is any legal entity in existence named "Memorialcare Health System, D/B/A Long Beach Memorial Medical Center" and thus also denies that such nonexistent entity's "correct name" is "Long Beach Memorial Medical Center, Inc. D/B/A Long Beach Memorial Medical Center & Miller Children's and Women's Hospital." Upon information and belief, LBMMC admits that the correct legal name of Long Beach Memorial Medical Center, Inc.'s parent corporation is Memorial Health Services ("MHS"), which LBMMC admits, upon information and belief, is a nonprofit corporation with its headquarters in Fountain Valley, California. LBMMC admits that it is a separate and distinct legal entity from MHS, and both LBMMC and MHS have separate governing Boards of Directors, separate executive officers, separate finances, separate legal addresses, etc.

LBMMC denies that it is a proper respondent in this action, and it also denies that it has in any way violated the National Labor Relations Act, as amended, (the "Act") as is alleged in the Preamble of the Complaint.



1(a). The Charge in Case 21-CA-157007 filed by the Union on July 28, 2015, was not filed against LBMMC, and thus LBMMC was not properly served. LBMMC denies that it is a proper respondent in this action and denies the allegations contained in Paragraph 1(a) of the Complaint.

1(b). The First Amended Charge in Case 21-CA-157007 filed by the Union on September 16, 2015, was not filed against LBMMC, and thus LBMMC was not properly served. LBMMC denies that it is a proper respondent in this action and denies the allegations contained in Paragraph 1(b) of the Complaint.

1(c). The Second Amended Charge in Case 21-CA-157007 filed by the Union on October 19, 2015 was not filed against LBMMC, and thus LBMMC was not properly served. LBMMC denies that it is a proper respondent in this action and denies the allegations contained in Paragraph 1(c) of the Complaint.

2(a). LBMMC admits all the allegations in Paragraph 2(a) of the Complaint, except LBMMC denies that it is a proper respondent in this action or that it is an independent nonprofit subsidiary corporation of "Memorial Care Health System," which upon information and belief, is merely a d/b/a of LBMMC's parent corporation, MHS.

2(b). LBMMC denies that it is a proper respondent in this action, but admits the remaining allegations contained in Paragraph 2(b) of the Complaint.

3. LBMMC denies that it is a proper respondent in this action, but admits the remaining allegations contained in Paragraph 3 of the Complaint.

4. Upon information and belief, LBMMC admits the allegations contained in Paragraph 4 of the Complaint.



5. LBMMC denies that it is a proper respondent in this action. Regarding the allegations contained in Paragraph 5 of the Complaint, LBMMC denies that Shawn Kang has been employed at all material times by LBMMC as Executive Human Resources Director but admits that Shawn Kang has been employed at all material times by LBMMC as Executive Director, Human Resources. Regarding the allegations contained in Paragraph 5 of the Complaint, LBMMC denies that Cinthya Rocha has been employed at all material times by LBMMC as Human Resources Director but admits that Cinthya Rocha has been employed at all material times by LBMMC as Director, Human Resources. LBMMC admits all remaining allegations contained in Paragraph 5 of the Complaint.

6. LBMMC denies that it is a proper respondent in this action. LBMMC admits that it has adopted and maintained "Dress Code and Grooming Standards" Policy/Procedure # 318 (dated March 3, 2014) and admits that such Policy contains various rules and guidelines, including but not limited to the rule alleged in Paragraph 6 of the Complaint, some of which are applicable to some LBMMC employees at certain times.

7(a). LBMMC denies the allegations contained in Paragraph 7(a) of the Complaint.

7(b). LBMMC denies the allegations contained in Paragraph 7(b) of the Complaint.

8. LBMMC states that Paragraph 8 contains legal conclusions to which no response is required. To the extent that a response may be required, LBMMC denies the allegations contained in Paragraph 8 of the Complaint.

9. LBMMC states that Paragraph 9 contains legal conclusions to which no response is required. To the extent that a response may be required, LBMMC denies the allegations contained in Paragraph 9 of the Complaint.

**AFFIRMATIVE DEFENSES**

1. LBMMC has never been properly named as a party in this action, was never properly and legally served, and thus LBMMC has not been afforded adequate Due Process.

2. The Complaint in its entirety, and each of the Paragraphs alleged therein, must be dismissed as the Complaint was not issued in accordance with, and is thus not compliant with, NLRB Rules, Regulations and/or Manuals, and/or federal law.

3. The allegations contained in the Complaint alleging violations of the Act, particularly those allegations improperly brought against LBMMC, fail to state a cause of action upon which relief can be granted under the Act.

4. The allegations contained in the Complaint seek relief that is improper and is not authorized under the Act.

5. All actions engaged in by LBMMC were for legitimate reasons that were not motivated by, or pretexts for, an unlawful animus.

WHEREFORE, LBMMC respectfully requests that the Complaint be dismissed in its entirety.

Respectfully submitted,

EPSTEIN, BECKER & GREEN, P.C.

By: Kath F. Paterno  
Kathleen F. Paterno

Adam C. Abrahms, Esq.  
Kathleen F. Paterno, Esq.  
Epstein Becker & Green, P.C.  
1925 Century Park East, Ste. 500  
Los Angeles, CA 90067  
Attorneys for Long Beach Memorial Medical  
Center, Inc.

**CERTIFICATE OF SERVICE**

I, Ellie Cook, hereby certify, under penalty of perjury, that I am not a party to this action, I am over 18 years of age, and on January 11, 2016 I caused a true copy of the attached **Long Beach Memorial Medical Center, Inc.'s Answer to the Complaint** to be served by U.S. Mail upon the following individuals:

Micah Berul, Legal Counsel  
California Nurse Association/  
National Nurses United (CNA/NNU)  
2000 Franklin Street  
Oakland, CA 94612

Cynthia Hanna, Labor Representative  
California Nurse Association/  
National Nurses United (CNA/NNU)  
222 W. Broadway, Suite 500  
Glendale, CA 91204

I served the document described above on **January 11, 2016.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

1/11/16

DATE

Ellie Cook

(TYPE OR PRINT NAME)

Ellie Cook

(SIGNATURE OF DECLARANT)

**BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21**

**LONG BEACH MEMORIAL MEDICAL CENTER  
INC. D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER & MILLER CHILDREN'S  
AND WOMEN'S HOSPITAL LONG BEACH**

**and**

**Case 21-CA-157007**

**CALIFORNIA NURSES ASSOCIATION /  
NATIONAL NURSES UNITED (CNA/NNU)**

**AFFIDAVIT OF SERVICE OF: Complaint and Notice of Hearing (with forms NLRB-4338 and NLRB-4668 attached)**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on **December 29, 2015**, I served the above-entitled document(s) by **certified or regular mail**, as noted below, upon the following persons, addressed to them at the following addresses:

Epstein Becker & Green, P.C.  
Attn. Adam C. Abrahms, Attorney at Law  
Attn. Kat Paterno, Attorney at Law  
1925 Century Park East, Suite 500  
Los Angeles, CA 90067-2706

**REGULAR MAIL**

Long Beach Memorial Medical Center, Inc.  
d/b/a Long Beach Memorial Medical Center &  
Miller Children's Hospital Long Beach  
2801 Atlantic Avenue  
Long Beach, CA 90806

**CERTIFIED MAIL, RETURN RECEIPT  
REQUESTED  
7015 0920 0001 7976 1746**

Micah Berul, Legal Counsel  
California Nurse Association / National Nurses  
United (CNA/NNU)  
2000 Franklin Street  
Oakland, CA 94612

**REGULAR MAIL**

Cynthia Hanna, Labor Representative  
California Nurses Association/National Nurses  
United (CNA/NNU)  
225 West Broadway, Suite 500  
Glendale, CA 91204

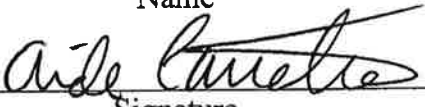
**CERTIFIED MAIL  
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December 29, 2015

Date

Aide Carretero, Designated Agent of NLRB

Name



Signature

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NATIONAL LABOR RELATIONS BOARD  
REGION 21  
888 SOUTH FIGUEROA STREET, 9TH FLOOR  
LOS ANGELES, CA 90017-5449

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21-CA-157007  
CPT/12-29 -15/AC

Sent To  
Cynthia Hanna, Labor Representative  
Street & Apt. No. California Nurses Association / National Nurses  
or PO Box No. United (CAN/NNU)  
City, State, ZIP+4 225 West Broadway, Suite 500  
Glendale, CA 91204

PS Form 3800, July 2014

See Reverse for Instructions

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21-CA-157007  
CPT/12-29 -15/AC

Sent To  
Long Beach Memorial Medical Center Inc. dba  
Street & Apt. No. Long Beach Memorial Medical Center & Miller  
or PO Box No. Children's and Women's Hospital Long Beach  
City, State, ZIP+4 2801 Atlantic Avenue  
Long Beach, CA 90806

PS Form 3800, July 2014

See Reverse for Instructions



UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 21

**LONG BEACH MEMORIAL MEDICAL CENTER,  
INC. D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER & MILLER CHILDREN'S  
AND WOMEN'S HOSPITAL LONG BEACH**

**and**

**Case 21-CA-157007**

**CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSES UNITED (CNA/NNU)**

**COMPLAINT AND NOTICE OF HEARING**

This Complaint and Notice of Hearing is based on a charge filed by California Nurses Association/National Nurses United (CNA/NNU) (Union). It is issued pursuant to Section 10(b) of the National Labor Relations Act (the Act), 29 U.S.C. § 151 et seq., and Section 102.15 of the Rules and Regulations of the National Labor Relations Board (the Board) and alleges that Memorialcare Health System, D/B/A Long Beach Memorial Medical Center, whose correct name is Long Beach Memorial Medical Center, Inc. D/B/A Long Beach Memorial Medical Center & Miller Children's and Women's Hospital (Respondent) has violated the Act as described below.

1. (a) The charge in this proceeding was filed by the Union on July 28, 2015, and a copy was served on Respondent by regular mail on July 30, 2015.

(b) The first amended charge in this proceeding was filed by the Union on September 16, 2015, and a copy was served on Respondent by regular mail on September 17, 2015.

(c) The second amended charge in this proceeding was filed by the Union on October 19, 2015, and a copy was served on Respondent by regular mail on October 21, 2015.

2. (a) At all material times, Respondent, a health-care institution, whose primary facility with adjacent buildings is located at or within the proximity of 2801 Atlantic Avenue, Long Beach, California, herein the Long Beach facility, has been engaged in providing health-care services and has been an independent nonprofit subsidiary corporation of Memorial Care Health System (MHS):

(b) In conducting its operations described above in paragraph 2(a), during the 12-month period ending October 30, 2015, a representative period, Respondent derived gross revenues in excess of \$250,000, and purchased and received at its Long Beach, California facility goods valued in excess of \$50,000 directly from points outside the State of California.

3. At all material times, Respondent has been an employer engaged in commerce within the meaning of Section 2(2), (6) and (7) of the Act, and a health-care institution within the meaning of Section 2(14) of the Act.

4. At all material times, the Union has been a labor organization within the meaning of Section 2(5) of the Act.

5. At all material times, the following individuals have held the positions set forth opposite their respective names and have been supervisors of Respondent within the meaning of Section 2(11) of the Act and agents of Respondent within the meaning of Section 2(13) of the Act:

Shawn Kang

Executive Human Resources Director



Cynthia Rocha      Human Resources Director

Colleen Coonan      Director of General Pediatrics

Robin Johnson      Assistant Unit Manager

6.      Since at least July 1, 2015, Respondent has maintained the following rule which is contained in Respondent's Dress Code and Grooming Standards Policy/Procedure #318 (dated March 3, 2014):

“Only MHS approved pins, badges, and professional certifications may be worn.”

7.      (a)      About July 9, 2015, Respondent, by Colleen Coonan, in the Children's Department of the Long Beach facility, prohibited an employee from wearing a badge reel holder containing Union insignia while permitting employees to wear badge reel holders containing other insignia.

(b)      About October 7, 2015, Respondent, by Robin Johnson, in the Outpatient Surgery Department of the Long Beach facility, prohibited an employee from wearing a badge holder containing Union insignia while permitting employees to wear badge reel holders containing other insignia.

8.      By the conduct described above in paragraphs 6 and 7, Respondent has been interfering with, restraining, and coercing employees in the exercise of the rights guaranteed in Section 7 of the Act in violation of Section 8(a)(1) of the Act.

9.      The unfair labor practices of Respondent described above affect commerce within the meaning of Section 2(6) and (7) of the Act.

**ANSWER REQUIREMENT**

Respondent is notified that, pursuant to Sections 102.20 and 102.21 of the Board's Rules and Regulations, it must file an answer to the complaint. The answer must be **received by this office on or before January 12, 2016, or postmarked on or before January 11, 2016.**

Respondent should file an original and four copies of the answer with this office and serve a copy of the answer on each of the other parties.

An answer may also be filed electronically through the Agency's website. To file electronically, go to [www.nlr.gov](http://www.nlr.gov), click on **E-File Documents**, enter the NLRB Case Number, and follow the detailed instructions. The responsibility for the receipt and usability of the answer rests exclusively upon the sender. Unless notification on the Agency's website informs users that the Agency's E-Filing system is officially determined to be in technical failure because it is unable to receive documents for a continuous period of more than 2 hours after 12:00 noon (Eastern Time) on the due date for filing, a failure to timely file the answer will not be excused on the basis that the transmission could not be accomplished because the Agency's website was off-line or unavailable for some other reason. The Board's Rules and Regulations require that an answer be signed by counsel or non-attorney representative for represented parties or by the party if not represented. See Section 102.21. If the answer being filed electronically is a pdf document containing the required signature, no paper copies of the answer need to be transmitted to the Regional Office. However, if the electronic version of an answer to a complaint is not a pdf file containing the required signature, then the E-filing rules require that such answer containing the required signature continue to be submitted to the Regional Office by traditional means within three (3) business days after the date of electronic filing. Service of the answer on each of the other parties must still be accomplished by means allowed under the Board's Rules and Regulations. The answer may not be filed by facsimile transmission. If no answer is filed, or

if an answer is filed untimely, the Board may find, pursuant to a Motion for Default Judgment, that the allegations in the complaint are true.

**NOTICE OF HEARING**

PLEASE TAKE NOTICE THAT on **March 14, 2016**, at 1:00 p.m., PST at the National Labor Relations Board, Region 21, 888 South Figueroa Street, Ninth Floor, Hearing Room 902, Los Angeles, CA, and on consecutive days thereafter until concluded, a hearing will be conducted before an administrative law judge of the National Labor Relations Board. At the hearing, Respondent and any other party to this proceeding have the right to appear and present testimony regarding the allegations in this complaint. The procedures to be followed at the hearing are described in the attached Form NLRB-4668. The procedure to request a postponement of the hearing is described in the attached Form NLRB-4338.

DATED at Los Angeles, California, this 29<sup>th</sup> day of December 2015.

Attachments



Olivia Garcia, Regional Director  
National Labor Relations Board, Region 21  
888 South Figueroa Street, Ninth Floor  
Los Angeles, CA 90017-5449

FORM NLRB 4338  
(6-90)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
NOTICE

Case 21-CA-157007

The issuance of the notice of formal hearing in this case does not mean that the matter cannot be disposed of by agreement of the parties. On the contrary, it is the policy of this office to encourage voluntary adjustments. The examiner or attorney assigned to the case will be pleased to receive and to act promptly upon your suggestions or comments to this end.

An agreement between the parties, approved by the Regional Director, would serve to cancel the hearing. However, unless otherwise specifically ordered, the hearing will be held at the date, hour, and place indicated. Postponements **will not be granted** unless good and sufficient grounds are shown **and** the following requirements are met:

- (1) The request must be in writing. An original and two copies must be filed with the Regional Director when appropriate under 29 CFR 102.16(a) or with the Division of Judges when appropriate under 29 CFR 102.16(b).
- (2) Grounds must be set forth in **detail**;
- (3) Alternative dates for any rescheduled hearing must be given;
- (4) The positions of all other parties must be ascertained in advance by the requesting party and set forth in the request; and
- (5) Copies must be simultaneously served on all other parties (listed below), and that fact must be noted on the request.

Except under the most extreme conditions, no request for postponement will be granted during the three days immediately preceding the date of hearing.

Epstein Becker & Green, P.C.  
Attn. Adam C. Abrahms, Attorney at Law  
Attn. Kat Paterno, Attorney at Law  
1925 Century Park East, Suite 500  
Los Angeles, CA 90067-2706

Micah Berul, Legal Counsel  
California Nurse Association / National  
Nurses United (CNA/NNU)  
2000 Franklin Street  
Oakland, CA 94612

Long Beach Memorial Medical Center, Inc.  
d/b/a Long Beach Memorial Medical Center  
& Miller Children's Hospital Long Beach  
2801 Atlantic Avenue  
Long Beach, CA 90806

Cynthia Hanna, Labor Representative  
California Nurses Association/National  
Nurses United (CNA/NNU)  
225 West Broadway, Suite 500  
Glendale, CA 91204

## Procedures in NLRB Unfair Labor Practice Hearings

The attached complaint has scheduled a hearing that will be conducted by an administrative law judge (ALJ) of the National Labor Relations Board who will be an independent, impartial finder of facts and applicable law. **You may be represented at this hearing by an attorney or other representative.** If you are not currently represented by an attorney, and wish to have one represent you at the hearing, you should make such arrangements as soon as possible. A more complete description of the hearing process and the ALJ's role may be found at Sections 102.34, 102.35, and 102.45 of the Board's Rules and Regulations. The Board's Rules and regulations are available at the following link: [www.nlr.gov/sites/default/files/attachments/basic-page/node-1717/rules\\_and\\_regs\\_part\\_102.pdf](http://www.nlr.gov/sites/default/files/attachments/basic-page/node-1717/rules_and_regs_part_102.pdf).

The NLRB allows you to file certain documents electronically and you are encouraged to do so because it ensures that your government resources are used efficiently. To e-file go to the NLRB's website at [www.nlr.gov](http://www.nlr.gov), click on "e-file documents," enter the 10-digit case number on the complaint (the first number if there is more than one), and follow the prompts. You will receive a confirmation number and an e-mail notification that the documents were successfully filed.

Although this matter is set for trial, this does not mean that this matter cannot be resolved through a settlement agreement. The NLRB recognizes that adjustments or settlements consistent with the policies of the National Labor Relations Act reduce government expenditures and promote amity in labor relations and encourages the parties to engage in settlement efforts.

### I. BEFORE THE HEARING

The rules pertaining to the Board's pre-hearing procedures, including rules concerning filing an answer, requesting a postponement, filing other motions, and obtaining subpoenas to compel the attendance of witnesses and production of documents from other parties, may be found at Sections 102.20 through 102.32 of the Board's Rules and Regulations. In addition, you should be aware of the following:

- **Special Needs:** If you or any of the witnesses you wish to have testify at the hearing have special needs and require auxiliary aids to participate in the hearing, you should notify the Regional Director as soon as possible and request the necessary assistance. Assistance will be provided to persons who have handicaps falling within the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, and 29 C.F.R. 100.603.
- **Pre-hearing Conference:** One or more weeks before the hearing, the ALJ may conduct a telephonic prehearing conference with the parties. During the conference, the ALJ will explore whether the case may be settled, discuss the issues to be litigated and any logistical issues related to the hearing, and attempt to resolve or narrow outstanding issues, such as disputes relating to subpoenaed witnesses and documents. This conference is usually not recorded, but during the hearing the ALJ or the parties sometimes refer to discussions at the pre-hearing conference. You do not have to wait until the prehearing conference to meet with the other parties to discuss settling this case or any other issues.

### II. DURING THE HEARING

The rules pertaining to the Board's hearing procedures are found at Sections 102.34 through 102.43 of the Board's Rules and Regulations. Please note in particular the following:

- **Witnesses and Evidence:** At the hearing, you will have the right to call, examine, and cross-examine witnesses and to introduce into the record documents and other evidence.
- **Exhibits:** Each exhibit offered in evidence must be provided in duplicate to the court reporter and a copy of each of each exhibit should be supplied to the ALJ and each party when the exhibit is offered



Form NLRB-4668  
(6-2014)

in evidence. If a copy of any exhibit is not available when the original is received, it will be the responsibility of the party offering such exhibit to submit the copy to the ALJ before the close of hearing. If a copy is not submitted, and the filing has not been waived by the ALJ, any ruling receiving the exhibit may be rescinded and the exhibit rejected.

- **Transcripts:** An official court reporter will make the only official transcript of the proceedings, and all citations in briefs and arguments must refer to the official record. The Board will not certify any transcript other than the official transcript for use in any court litigation. Proposed corrections of the transcript should be submitted, either by way of stipulation or motion, to the ALJ for approval. Everything said at the hearing while the hearing is in session will be recorded by the official reporter unless the ALJ specifically directs off-the-record discussion. If any party wishes to make off-the-record statements, a request to go off the record should be directed to the ALJ.
- **Oral Argument:** You are entitled, on request, to a reasonable period of time at the close of the hearing for oral argument, which shall be included in the transcript of the hearing. Alternatively, the ALJ may ask for oral argument if, at the close of the hearing, if it is believed that such argument would be beneficial to the understanding of the contentions of the parties and the factual issues involved.
- **Date for Filing Post-Hearing Brief:** Before the hearing closes, you may request to file a written brief or proposed findings and conclusions, or both, with the ALJ. The ALJ has the discretion to grant this request and to will set a deadline for filing, up to 35 days.

### III. AFTER THE HEARING

The Rules pertaining to filing post-hearing briefs and the procedures after the ALJ issues a decision are found at Sections 102.42 through 102.48 of the Board's Rules and Regulations. Please note in particular the following:

- **Extension of Time for Filing Brief with the ALJ:** If you need an extension of time to file a post-hearing brief, you must follow Section 102.42 of the Board's Rules and Regulations, which requires you to file a request with the appropriate chief or associate chief administrative law judge, depending on where the trial occurred. You must immediately serve a copy of any request for an extension of time on all other parties and furnish proof of that service with your request. You are encouraged to seek the agreement of the other parties and state their positions in your request.
- **ALJ's Decision:** In due course, the ALJ will prepare and file with the Board a decision in this matter. Upon receipt of this decision, the Board will enter an order transferring the case to the Board and specifying when exceptions are due to the ALJ's decision. The Board will serve copies of that order and the ALJ's decision on all parties.
- **Exceptions to the ALJ's Decision:** The procedure to be followed with respect to appealing all or any part of the ALJ's decision (by filing exceptions with the Board), submitting briefs, requests for oral argument before the Board, and related matters is set forth in the Board's Rules and Regulations, particularly in Section 102.46 and following sections. A summary of the more pertinent of these provisions will be provided to the parties with the order transferring the matter to the Board.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**MEMORIALCARE HEALTH SYSTEM, D/B/A LONG  
BEACH MEMORIAL MEDICAL CENTER**

Charged Party

and

**CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSE UNITED (CNA/NUU)**

Charging Party

**Case 21-CA-157007**

**AFFIDAVIT OF SERVICE OF SECOND AMENDED CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on October 21, 2015, I served the above-entitled document(s) by regular mail upon the following persons, addressed to them at the following addresses:

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

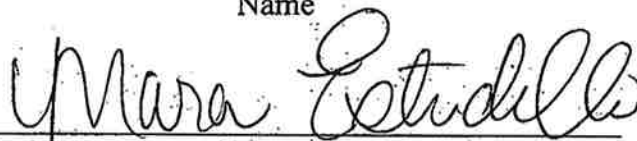
ADAM C. ABRAHMS, ATTORNEY AT LAW  
EPSTEIN BECKER & GREEN, P.C.  
1925 CENTURY PARK EAST, SUITE 500  
LOS ANGELES, CA 90067-2706

October 21, 2015

Date

Mara Estudillo, Designated Agent of NLRB

Name



Signature





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



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October 21, 2015

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Sir or Madam:

Enclosed is a copy of the second amended charge that has been filed in this case.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If the agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Presentation of Your Evidence:** As you know, we seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations in the second amended charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

**Procedures:** Your right to representation, the means of presenting evidence, and a description of our procedures, including how to submit documents, was described in the letter sent to you with the original charge in this matter. If you have any questions, please contact the Board agent.

Very truly yours,

A handwritten signature in cursive script, reading "Olivia Garcia", is written over a horizontal line.

/s/OLIVIA GARCIA  
Regional Director

Enclosure: Copy of second amended charge

cc: ADAM C. ABRAHMS, ATTORNEY AT LAW  
EPSTEIN BECKER & GREEN, P.C.  
1925 CENTURY PARK EAST, SUITE 500  
LOS ANGELES, CA 90067-2706

OG/hta



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



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Mobile App

October 21, 2015

MICAH BERUL, LEGAL COUNSEL  
CALIFORNIA NURSE ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
2000 FRANKLIN STREET  
OAKLAND, CA 94612

Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Mr. Berul:

We have docketed the second amended charge that you filed in this case.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If the agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. If you have additional evidence regarding the allegations in the second amended charge and you have not yet scheduled a date and time for the Board agent to obtain that evidence, please contact the Board agent to arrange to present that evidence. If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed.

**Procedures:** Your right to representation, the means of presenting evidence, and a description of our procedures, including how to submit documents, was described in the letter sent to you with the original charge in this matter. If you have any questions, please contact the Board agent.

Very truly yours,

A handwritten signature in cursive script, reading "Olivia Garcia", is located below the "Very truly yours," text.

/s/OLIVIA GARCIA  
Regional Director

Enclosure: Copy of second amended charge

cc: (See next page.)

MEMORIALCARE HEALTH SYSTEM, - 2 -  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

October 21, 2015

cc: CYNTHIA HANNA, LABOR REPRESENTATIVE  
ANDREW PREDILETTO, ASSISTANT DIRECTOR  
COLLECTIVE BARGAINING  
CALIFORNIA NURSES ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
225 WEST BROADWAY, SUITE 500  
GLENDALE, CA 91204

OG/hta



INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD

## SECOND AMENDED CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

Date Filed

21-CA-157007

10-19-15

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer MemorialCare Health System, d/b/a Long Beach Memorial Medical Center		b. Tel. No. 562-933-2000
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 2801 Atlantic Avenue Long Beach, CA 90806	e. Employer Representative Barry Arbuckle, Ph.D. President and CEO	g. e-Mail
		h. Number of workers employed 10,000 +
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Healthcare	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

## 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the past six months, the Employer has promulgated and maintained an overly broad dress code policy that unlawfully interferes, restrains and coerces employees' right to wear union insignia; disparately enforced the dress code policy with regard to union insignia; unilaterally implemented the dress code policy without bargaining in good faith with the Union, and without the Union's consent, despite the fact that the dress code policy change was a mid-term modification; and on or about October 7, 2015, harassed a Nurse Representative while disparately enforcing the unlawful dress code policy. Such conduct violates Section 8(a)(5), and additionally independently violates Section 8(a)(1), and is continuing to date.

By these and other acts, the Employer has been interfering, restraining and coercing employees in the exercise of their Section 7 rights.

## 3. Full name of party filing charge (if labor organization, give full name, including local name and number)

California Nurses Association/National Nurses United (CNA/NNU)

## 4a. Address (Street and number, city, state, and ZIP code)

2000 Franklin Street  
Oakland, CA 94612

4b. Tel. No. 510-273-2200

4c. Cell No.

4d. Fax No. 510-663-4822

4e. e-Mail

## 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

AFL-CIO

## 6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By   
(signature of representative or person making charge)

Micah Berul, In-House Counsel

(Print type name and title or office, if any)

Tel. No. 510-273-2292

Office, if any, Cell No.  
510-610-7791

Fax No. 510-663-4822

e-Mail  
mberul@calnurses.org

Address 2000 Franklin Street, Oakland, CA 94612

10/19/2015

(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**MEMORIALCARE HEALTH SYSTEM, D/B/A LONG  
BEACH MEMORIAL MEDICAL CENTER**

Charged Party

and

**CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSE UNITED (CNA/NUU)**

Charging Party

**Case 21-CA-157007**

**AFFIDAVIT OF SERVICE OF FIRST AMENDED CHARGE AGAINST EMPLOYER -  
(RE-SERVED CORRECTED COPY)**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 17, 2015, I served the above-entitled document(s) by regular mail upon the following persons, addressed to them at the following addresses:

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

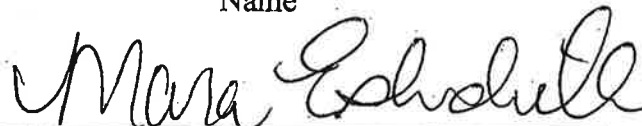
ADAM C. ABRAHMS, ATTORNEY AT LAW  
EPSTEIN BECKER & GREEN, P.C.  
1925 CENTURY PARK EAST, SUITE 500  
LOS ANGELES, CA 90067-2706

September 17, 2015

Date

Mara Estudillo, Designated Agent of NLRB

Name



Signature



UNITED STATES GOVERNMENT (RE-SERVED CORRECTED COPY)  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl.9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



Download  
NLRB  
Mobile App

September 16, 2015

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Sir or Madam:

Enclosed is a copy of the first amended charge that has been filed in this case.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If the agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Presentation of Your Evidence:** As you know, we seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations in the first amended charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

**Procedures:** Your right to representation, the means of presenting evidence, and a description of our procedures, including how to submit documents, was described in the letter sent to you with the original charge in this matter. If you have any questions, please contact the Board agent.

Very truly yours,

OLIVIA GARCIA  
Regional Director

Enclosure: Copy of first amended charge

cc: ADAM C. ABRAHMS, ATTORNEY AT LAW  
EPSTEIN BECKER & GREEN, P.C.  
1925 CENTURY PARK EAST, SUITE 500  
LOS ANGELES, CA 90067-2706

OG/hta



**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**MEMORIALCARE HEALTH SYSTEM, D/B/A LONG  
BEACH MEMORIAL MEDICAL CENTER**

Charged Party

and

**CALIFORNIA NURSES ASSOCIATION/  
NATIONAL NURSE UNITED (CNA/NNU)**

Charging Party

Case 21-CA-157007

**AFFIDAVIT OF SERVICE OF FIRST AMENDED CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on September 16, 2015, I served the above-entitled document(s) by regular mail upon the following persons, addressed to them at the following addresses:

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

September 16, 2015

Date

Mara Estudillo, Designated Agent of NLRB

Name



Signature

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARDREGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778Download  
NLRB  
Mobile App

September 16, 2015

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Sir or Madam:

Enclosed is a copy of the first amended charge that has been filed in this case.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If the agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Presentation of Your Evidence:** As you know, we seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations in the first amended charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

**Procedures:** Your right to representation, the means of presenting evidence, and a description of our procedures, including how to submit documents, was described in the letter sent to you with the original charge in this matter. If you have any questions, please contact the Board agent.

Very truly yours,

OLIVIA GARCIA  
Regional Director

Enclosure: Copy of first amended charge

OG/hta



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



Download  
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Mobile App

September 16, 2015

MICAH BERUL, IN-HOUSE COUNSEL  
CALIFORNIA NURSE ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
2000 FRANKLIN STREET  
OAKLAND, CA 94612

Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Mr. Berul:

We have docketed the first amended charge that you filed in this case.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If the agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. If you have additional evidence regarding the allegations in the first amended charge and you have not yet scheduled a date and time for the Board agent to obtain that evidence, please contact the Board agent to arrange to present that evidence. If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed.

**Procedures:** Your right to representation, the means of presenting evidence, and a description of our procedures, including how to submit documents, was described in the letter sent to you with the original charge in this matter. If you have any questions, please contact the Board agent.

Very truly yours,

A handwritten signature in cursive script, reading "Olivia Garcia", is located below the "Very truly yours," text.

/s/OLIVIA GARCIA  
Regional Director

Enclosure: Copy of first amended charge

cc: (See next page.)

MEMORIALCARE HEALTH SYSTEM, - 2 -  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

September 16, 2015

cc: CYNTHIA HANNA, LABOR REPRESENTATIVE  
ANDREW PREDILETTO, ASSISTANT DIRECTOR  
COLLECTIVE BARGAINING  
CALIFORNIA NURSES ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
225 WST BROADWAY, SUITE 500  
GLENDALE, CA 91204

OG/hta



Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD

## FIRST AMENDED CHARGE AGAINST EMPLOYER

## INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-CA-157007	09-16-15

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer MEMORIALCARE HEALTH SYSTEM, D/B/A LONG BEACH MEMORIAL MEDICAL CENTER		b. Tel. No. (562)933-2000
d. Address (street, city, state ZIP code) 2801 ATLANTIC AVENUE, LONG BEACH, CA 90806		c. Cell No.
e. Employer Representative Barry Arbuckle, Ph.D. President and CEO		f. Fax No.
		g. e-Mail
		h. Dispute Location (City and State) LONG BEACH, CA
i. Type of Establishment (factory, nursing home, hotel) Acute Care Hospital	j. Principal Product or Service Healthcare	k. Number of workers at dispute location 10,000

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

## 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the past six months, the Employer has: promulgated and maintained an overly broad dress code policy that unlawfully interferes, restrains and coerces employees' right to wear union insignia; disparately enforced the dress code policy with regard to union insignia; and unilaterally implemented the dress code policy without bargaining in good faith with the Union, and without the Union's consent, despite the fact that the dress code policy change was a mid-term modification. Such conduct violates Section 8(a)(5), and additionally independently violates Section 8(a)(1), and is continuing to date. By these and other acts, the Employer has been interfering, restraining and coercing employees in the exercise of their Section 7 rights.

## 3. Full name of party filing charge (if labor organization, give full name, including local name and number)

CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSE UNITED (CNA/NUU)

## 4a. Address (street and number, city, state, and ZIP code)

2000 FRANKLIN STREET, OAKLAND, CA 94612

## 4b. Tel. No.

(510)273-2200

## 4c. Cell No.

(510)610-7791


## 4d. Fax No.

(510)663-4822

## 4e. e-Mail

mberul@calnurses.org

## 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (510)273-2200
By: 	MICAH BERUL IN-HOUSE COUNSEL	Office, if any, Cell No. (510)610-7791
(signature of representative or person making charge)	Print Name and Title	Fax No. (510)663-4822
Address: 2000 FRANKLIN STREET, OAKLAND, CA 94612	Date: 9/16/15	e-Mail mberul@calnurses.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER**

Charged Party

and

**CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSE UNITED  
(CNA/NNU)**

Charging Party

**Case 21-CA-157007**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on July 30, 2015, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

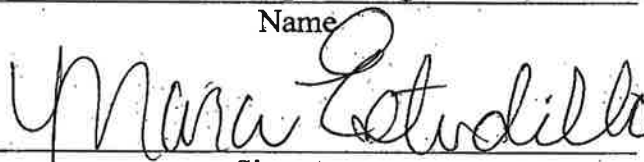
MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

July 30, 2015

Date

Mara Estudillo, Designated Agent of NLRB

Name



Signature





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



Download  
NLRB  
Mobile App

July 30, 2015

MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Sir or Madam:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If this Board agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be

MEMORIALCARE HEALTH SYSTEM, - 2 -  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

July 30, 2015

considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,



/S/OLIVIA GARCIA  
Regional Director

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

OG/hta



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



Download  
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Mobile App

July 30, 2015

MICAH BERUL, IN-HOUSE COUNSEL  
CALIFORNIA NURSE ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
2000 FRANKLIN STREET  
OAKLAND, CA 94612

Re: MEMORIALCARE HEALTH SYSTEM,  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

Dear Mr. Berul:

The charge that you filed in this case on July 28, 2015 has been docketed as case number 21-CA-157007. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Attorney LINDSAY PARKER whose telephone number is (213)894-5224. If this Board agent is not available, you may contact Regional Attorney WILLIAM PATE, JR. whose telephone number is (213)894-5206.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or at the Regional office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

MEMORIALCARE HEALTH SYSTEM, - 2 -  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-157007

July 30, 2015

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website [www.nlr.gov](http://www.nlr.gov) or from the Regional Office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,



/S/OLIVIA GARCIA  
Regional Director

Enclosures

cc: CYNTHIA HANNA, LABOR REPRESENTATIVE  
ANDREW PREDILETTO, ASSISTANT DIRECTOR  
COLLECTIVE BARGAINING  
CALIFORNIA NURSES ASSOCIATION/NATIONAL  
NURSES UNITED (CNA/NNU)  
225 WST BROADWAY, SUITE 500  
GLENDALE, CA 91204

OG/hta



INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

21-CA-157007

Date Filed

07-28-15

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer MemorialCare Health System, d/b/a Long Beach Memorial Medical Center		b. Tel. No. 562-933-2000
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 2801 Atlantic Avenue Long Beach, CA 90806	e. Employer Representative Barry Arbuckle, Ph.D. President and CEO	g. e-Mail
		h. Number of workers employed 10,000 +
i. Type of Establishment (factory, mine, wholesaler, etc.) Acute Care Hospital	j. Identify principal product or service Healthcare	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) _____ of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

## 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the past six months, the Employer has unilaterally implemented an overly broad dress code policy that unlawfully interferes, restrains and coerces employees' right to wear union insignia.

By these and other acts, the above-named Employer, through its officers, agents and representatives, has interfered with, restrained and coerced its employees in the exercise of the rights guaranteed in Section 7 of the Act.

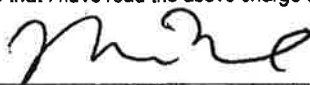
3. Full name of party filing charge (if labor organization, give full name, including local name and number)  
California Nurses Association/National Nurses United (CNA/NNU)

4a. Address (Street and number, city, state, and ZIP code) 2000 Franklin Street Oakland, CA 94612	4b. Tel. No. 510-273-2200
	4c. Cell No.
	4d. Fax No. 510-663-4822
	4e. e-Mail

## 5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) AFL-CIO

## 6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By  (signature of representative or person making charge)	Micah Berul, In-House Counsel (Print/type name and title or office, if any)	Tel. No. 510-273-2292
		Office, if any, Cell No. 510-610-7791
		Fax No. 510-663-4822
		e-Mail mberul@calnurses.org
Address 2000 Franklin Street, Oakland, CA 94612		07/28/2015 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-31

**SUBPOENA DUCES TECUM****UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD**

Custodian of Records  
Long Beach Memorial Medical Center d/b/a Long Beach Memorial  
Medical Center & Miller Children's and Women's Hospital  
To 2801 Atlantic Avenue  
Long Beach, CA 90806

As requested by Lindsay Parker, Counsel for General Counsel, Telephone (213) 894-5224

whose address is 888 S Figueroa Street, Ninth Floor Los Angeles CA 90017-5449  
(Street) (City) (State) (ZIP)

YOU ARE HEREBY REQUIRED AND DIRECTED TO APPEAR BEFORE an Administrative Law Judge  
of the National Labor Relations Board

at Hearing Room 902, 888 S Figueroa Street, Ninth Floor

in the City of Los Angeles, CA

on Monday, May 23, 2016 at 1:00 pm or any adjourned

Long Beach Memorial Medical Center Inc. d/b/a Long Beach Memorial  
Medical Center & Miller Children's and Women's Hospital Long Beach  
or rescheduled date to testify in Case 21-CA-157007

(Case Name and Number)

And you are hereby required to bring with you and produce at said time and place the following books, records, correspondence, and documents:

SEE ATTACHMENT

If you do not intend to comply with the subpoena, within 5 days (excluding intermediate Saturdays, Sundays, and holidays) after the date the subpoena is received, you must petition in writing to revoke the subpoena. Unless filed through the Board's E-Filing system, the petition to revoke must be received on or before the official closing time of the receiving office on the last day for filing. If filed through the Board's E-Filing system, it may be filed up to 11:59 pm in the local time zone of the receiving office on the last day for filing. Prior to a hearing, the petition to revoke should be filed with the Regional Director; during a hearing, it should be filed with the Hearing Officer or Administrative Law Judge conducting the hearing. See Board's Rules and Regulations, 29 C.F.R. Section 102.31(b) (unfair labor practice proceedings) and/or 29 C.F.R. Section 102.66(c) (representation proceedings) and 29 C.F.R. Section 102.111(a)(1) and 102.111(b)(3) (time computation). Failure to follow these rules may result in the loss of any ability to raise objections to the subpoena in court.

**B-1-RP46JZ**

Under the seal of the National Labor Relations Board, and by direction of the Board, this Subpoena is

Issued at Los Angeles, CA

Dated: May 12, 2016



*[Signature]*  
Chairman, National Labor Relations Board

**NOTICE TO WITNESS.** Witness fees for attendance, subsistence, and mileage under this subpoena are payable by the party at whose request the witness is subpoenaed. A witness appearing at the request of the General Counsel of the National Labor Relations Board shall submit this subpoena with the voucher when claiming reimbursement.

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are: (1) to provide information to the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006); (2) to provide information to the NLRB upon request; (3) to provide information to the NLRB upon request; (4) to provide information to the NLRB upon request. The information may cause the NLRB to seek enforcement of the subpoena in federal court.

GC EXHIBIT

Subpoena

*[Handwritten mark]*



employer title, business address, home address, and telephone number) all persons known or believed to have the document or a copy thereof in their possession, custody or control.

7. If any document responsive to any request herein was destroyed, discarded, or otherwise disposed of for whatever reasons, identify the document (stating its date, author, subject, recipients and intended recipients), explain the circumstances surrounding the destruction, discarding, or disposal of the documents, including the timing of the destruction, discharging or disposal of the document, and identify all persons known or believed to have the document or a copy thereof in their possession, custody or control.

8. This request is continuing in character and if additional responsive documents come to your attention following the date of production, such documents must be promptly produced.

9. The term **Respondent** refers to Long Beach Memorial Medical Center Inc. D/B/A Long Beach Memorial Center & Miller Children's and Women's Hospital Long Beach its owners, officers, agents, representatives, successors and assigns, and any commonly owned or related entity thereto.


10. The term **Hospital** refers to the facility operated by Respondent at 2801 Atlantic Avenue, Long Beach, California.

11. The term **Union** refers to the California Nurses Association/National Nurses United (CNA/NNU).

11. All documents produced pursuant to this subpoena should be organized by the subpoena paragraph to which each document or set of documents is responsive.

**DOCUMENTS TO BE PRODUCED:**

1. A true and complete copy of Respondent's employee handbook(s) in effect from January 1, 2015, to the current date, covering the terms and conditions of employment of the employees employed by Respondent at the Hospital.
2. A true and correct copy of Respondent's Dress Code and Grooming Standards Policy/Procedure #318 (dated March 3, 2014), and any subsequent versions which are in effect through the current date.
3. Documents showing to which of Respondent's employees employed at the Hospital the policy/policies described in paragraph 2 are applicable.
4. Documents showing the times in which the policy/policies described in paragraph 2 are applicable to Respondent's employees.
5. A true and correct copy of Respondent's PC-261.01 "Uniform and Infection Prevention Standards for Direct Care Providers" (October 2014), and any subsequent versions which are in effect through the current date.

 <b>Memorial Health Services</b> <b>Policies and Procedures</b>	<b>Effective Date: March 3, 2014</b>
<b>Subject: DRESS CODE AND GROOMING STANDARDS</b>	<b>Approval Signature:</b>  <b>Barry Arbuckle</b> <b>President &amp; CEO</b>
<b>Manual: Human Resources</b>  <b>Policy/Procedure # 318</b>	<b>Sponsor Signature:</b>  <b>Lorraine Booth</b> <b>VP, People and Culture</b>

**PURPOSE:**

This Dress Code Policy is intended to establish standards of appropriate dress, appearance and grooming for those who work or volunteer at Memorial Health Services ("MHS") facilities, including off-site clinics and satellite work locations, at all times to promote an efficient, orderly and professionally operated organization.

Background

A significant factor in creating and maintaining the image of the Medical Center is the manner in which those who work and volunteer at the Medical Center are viewed by our patients, visitors, business associates, and the community. Dress, appearance and grooming play an important role in conveying an image of high quality, professional health care to the communities we serve and maintaining our excellent reputation. Our patients expect and deserve professionalism in performance, conduct and appearance.

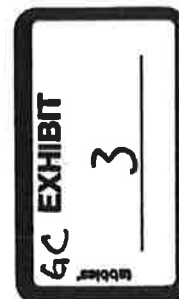
**SCOPE AND RESPONSIBILITY:**

This Policy applies to MHS and its wholly-owned, tax-exempt subsidiaries.

**POLICY:**

The provisions of this Dress Code Policy apply to all those who work in any capacity for MHS, including, but not limited to, employees who work in uniforms and those who help MHS in non-employee categories such as students, volunteers, and contractors who work at MHS through assignments from other employers.

- A. Those who work at any MHS facility shall present a clean, neat, well-groomed appearance at all times while at work or conducting business at MHS. Attire shall be appropriate to the individual's occupation/profession and shall also represent the highest standard of personal hygiene, professionalism, and safety. Good judgment should be used when determining dress, hygiene and appearance. Those who are inappropriately dressed will be sent home and directed to return to work in appropriate attire. Time away from work will not be compensated and discipline may result.
- B. Uniforms furnished by MHS are to be worn in the appropriate size for the individual wearing them, and not altered or modified. Uniforms are to be worn only while at work or when conducting MHS business. They are not to be used as a substitute for personal attire.
- C. Professionalism and common sense should be used when dressing for work. While it is impossible to specifically identify all appropriate or inappropriate descriptions of dress and



Page 2 of 3

grooming, the following are examples of minimum requirements of dress and appearance. Management reserves the right to ultimately determine appropriateness of attire and appearance.

- 1 Identification badges shall be worn by everyone with name and picture facing out, at a level that can be readily seen.
  - 2 Good personal hygiene is an essential element of professional demeanor and is a basic component of this code. Just as cleanliness of our facilities is of the utmost importance, so is each individual's grooming. All individuals are expected to be clean and neat at all times.
  - 3 Hair on the head or face shall be clean and trimmed, and in the case of clinical staff, be pulled back in an appropriate manner when necessary so as not to interfere with job duties or pose a hazard. Color and style shall remain conservative.
  - 4 For those individuals not in uniform, professional, clean, and appropriately fitting clothing and shoes that are in good repair are required at all times. Cover gowns over non-scrub apparel are inappropriate outside patient care areas. Questions regarding apparel shall be decided by the individual's supervisor based on appropriate business standards established by the particular department. Clothing must cover the back, shoulders, thighs, midriff, and must not be excessively short or revealing.
  - 5 Those providing direct patient care must wear enclosed-toe shoes that provide protection from rolling equipment and chemical spills. (Casual, recreational-type sandals known as "flip-flops" are unacceptable in all areas of the facility.)
  - 6 Reinforced safety shoes, gloves, goggles, hard hats or other protective equipment may be required in appropriate circumstances related to safety and health.
  - 7 Jewelry and other accessories shall be minimized and may not be worn where safety or health standards might be compromised. Body piercing anywhere other than the ear shall not be displayed. Tattoos are not to be visible; except for those with direct patient care responsibilities in order to protect patients from potential fabric-borne contaminants.
  - 8 Perfume and cologne should be minimal in consideration of others.
  - 9 Only MHS approved pins, badges, and professional certifications may be worn.
- D. The following guidelines govern the conditions under which MHS issued scrubs attire may be worn. These guidelines are in addition to the general dress code policy guidelines:
1. MHS-owned scrub attire is issued to employees on a loan basis only.
  2. The primary purpose of MHS issued scrubs attire is to protect the healthcare workers clothing from blood or other potentially infectious or hazardous materials and reduce the transmission of infection producing agents into areas where clean or aseptic procedures are performed. Therefore, the wearing of these scrubs by physicians, students and personnel is appropriate in the following areas only unless specifically authorized in other areas by Administration:

Operating Room  
Outpatient Surgical Suite  
Central Sterile Processing

Labor and Delivery  
Pharmacy Sterile Products  
Emergency Department admitting staff

Post Anesthesia Care Unit  
Cath Lab  
Pathology,  
(Surgical Pathology/Autopsy)  
Radiology – Special Procedures  
(tops only)  
(where applicable)

LBM000002


Page 3 of 3

3. Warming jackets are to be worn by Peri-Operative Services and Labor & Delivery personnel only and are not to be removed from those restricted areas.
4. Unauthorized wearing or possession of MHS-provided scrubs off MHS premises without express authorization from his/her supervisor may be asked by security or management to return scrub attire immediately. Where appropriate, disciplinary action may be applied.

**PROCEDURE:****RESPONSIBLE PERSON(S)/DEPT. PROCEDURE:**

- A. It is the responsibility of the supervisor to consistently enforce compliance with dress standards.
- B. The supervisor will direct employees who do not meet dress standards to badge out (to non-pay status) to change clothing or to take other necessary action to correct deficiencies.
- C. The supervisor will take appropriate corrective or disciplinary action with employees who violate this policy.
- D. Human Resources will provide assistance in resolving questions or concerns regarding this policy. If individual situations arise regarding religious or medical concerns, contact Human Resources.

LBM000003

 <b>Memorial Health Services</b> <b>Policies and Procedures</b>	<b>Effective Date:</b> July 7, 2014
<b>Subject: DRESS CODE AND GROOMING STANDARDS</b>	<b>Approval Signature:</b>  <b>Barry Arbuckle</b> <b>President &amp; CEO</b>
<b>Manual: Human Resources</b>  <b>Policy/Procedure # 318</b>	<b>Sponsor Signature:</b>  <b>Lorraine Booth</b> <b>VP, People and Culture</b>

**PURPOSE:**

This Dress Code Policy is intended to establish standards of appropriate dress, appearance and grooming for those who work or volunteer at Memorial Health Services ("MHS") facilities, including off-site clinics and satellite work locations, at all times to promote an efficient, orderly and professionally operated organization.

Background

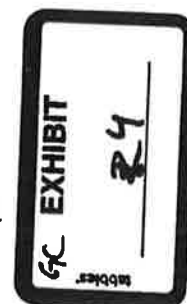
A significant factor in creating and maintaining the image of MemorialCare is the manner in which those who work and volunteer are viewed by our patients, visitors, business associates, and the community. Dress, appearance and grooming play an important role in conveying an image of high quality, professional health care to the communities we serve and maintaining our excellent reputation.

**SCOPE AND RESPONSIBILITY:**

This Policy applies to MHS and its wholly-owned, tax-exempt subsidiaries. The provisions of this Dress Code Policy apply to all those who work in any capacity for MHS, including, but not limited to, employees, employees who work in uniforms and those who help MHS in non-employee categories such as students, volunteers, and contractors who work at MHS through assignments from other employers.

**POLICY:**

- A. Those who work at any MHS facility shall present a clean, neat, well-groomed appearance at all times while at work or conducting business at MHS. Attire shall be appropriate to the individual's occupation/profession and shall also represent the highest standard of personal hygiene, professionalism, and safety. Good judgment should be used when determining dress, hygiene and appearance. Those who are inappropriately dressed will be sent home and directed to return to work in appropriate attire. Time away from work will not be compensated and discipline may result.
- B. Uniforms furnished by MHS are to be worn in the appropriate size for the individual wearing them, and not altered or modified. Uniforms are to be worn only while at work or when conducting MHS business. They are not to be used as a substitute for personal attire.
- C. Professionalism and common sense should be used when dressing for work. While it is impossible to specifically identify all appropriate or inappropriate descriptions of dress and grooming, the following are examples of minimum requirements of dress and appearance. Management reserves the right to ultimately determine appropriateness of attire and appearance.





1. Identification badges shall be worn by everyone with name and picture facing out, at a level that can be readily seen.
  2. Good personal hygiene is an essential element of professional demeanor and is a basic component of this code. Just as cleanliness of our facilities is of the utmost importance, so is each individual's grooming. All individuals are expected to be clean and neat at all times.
  3. Hair on the head or face shall be clean, trimmed, and the color and style shall be appropriate for a professional work environment. In the case of clinical staff hair should be pulled back in an appropriate manner when necessary so as not to interfere with job duties or pose a hazard.
  4. For those individuals not in uniform, employees shall wear professional business attire that is clean, and appropriately fitting. Workout clothes are not appropriate for work areas.
  5. Clothing must cover the back, shoulders, thighs, midriff, and must not be excessively short, tight or revealing.
  6. Those providing direct patient care must wear enclosed-toe shoes that provide protection from rolling equipment and chemical spills. Shoes worn in administrative areas must also provide protection from injuries; such as sufficient straps to hold the shoe to the foot and reasonable heel height. Casual, recreational-type sandals known as "flip-flops" are unacceptable in all areas of the facility.
  7. Reinforced safety shoes, gloves, goggles, hard hats or other protective equipment may be required in appropriate circumstances related to safety and health.
  8. Jewelry and other accessories shall be minimized and may not be worn where safety or health standards might be compromised. Body piercing anywhere other than the ear shall not be displayed. Tattoos are not to be visible; except for those with direct patient care responsibilities in order to protect patients from potential fabric-borne contaminants.
  9. Perfume and cologne should be minimal in consideration of others.
  10. Only MHS approved pins, badges, and professional certifications may be worn.
- D. The following guidelines govern the conditions under which MHS issued scrubs attire may be worn.
1. MHS-owned scrub attire is issued to employees on a loan basis only.
  2. The primary purpose of MHS issued scrubs attire is to protect the healthcare workers clothing from blood or other potentially infectious or hazardous materials and reduce the transmission of infection producing agents into areas where clean or aseptic procedures are performed. Therefore, the wearing of these scrubs by physicians, students and personnel is appropriate in the following areas only unless specifically authorized in other areas by Administration:
 

Operating Room	Post Anesthesia Care Unit
Outpatient Surgical Suite	Cath Lab
Central Sterile Processing	Pathology,
	(Surgical Pathology/Autopsy)
Labor and Delivery	Radiology – Special Procedures
Pharmacy Sterile Products	(tops only)
Emergency Department admitting staff	(where applicable)
  3. Warming jackets are to be worn by Peri-Operative Services and Labor & Delivery personnel only and are not to be removed from those restricted areas.

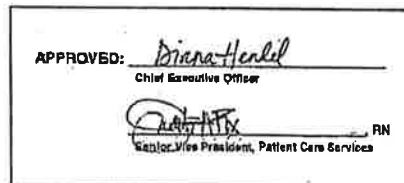


4. Unauthorized wearing or possession of MHS-provided scrubs off MHS premises without express prior authorization from a supervisor is prohibited; violators may be asked by security or management to return scrub attire immediately or subject to disciplinary action.

**PROCEDURE:****RESPONSIBLE PERSON(S)/DEPT. PROCEDURE:**

- A. It is the responsibility of the supervisor to consistently enforce the standards set forth in this Policy.
- B. Supervisors will direct employees who do not meet the standards to badge out (to non-pay status) to change clothing or to take other necessary action to correct deficiencies.
- C. Supervisors will take appropriate corrective or disciplinary action with employees who violate this Policy.
- D. Human Resources will provide assistance in resolving questions or concerns regarding this Policy. If individual situations arise regarding religious or medical concerns, contact Human Resources for further guidance.

REFERENCE: PC-261.01  
 SUPERSEDES: New  
 ORIGINATED: October 2014  
 PAGE: 1 of 4



**POLICIES/PROCEDURES  
 LONG BEACH MEMORIAL**

**SUBJECT:**  
 UNIFORM AND INFECTION PREVENTION STANDARDS  
 FOR DIRECT CARE PROVIDERS

**REVIEWED/REVISED:**  
 New  
 (Updated for scrub colors May 2015)

By: Patient Care Services

**AUTHORITY:**  
 Society for Healthcare Epidemiology; The Joint Commission; California Code of Regulations,  
 Title 22

**PURPOSE:**

1. The Uniform Policy is intended to establish standards of appropriate appearance for those who work in Patient Care Services at Long Beach Memorial, and Miller Children's and Women's Hospital Long Beach, including off-site clinics and satellite work locations, at all times to promote an efficient, orderly, safe and professionally operated organization.
2. **BACKGROUND:** The Medical Center is committed to the safest care of patients including the prevention and transmission of pathogens. Best-practice literature provides strong evidence for the attire of healthcare providers which may prevent hospital acquired infections. This policy provides clear guidance on the best method to prevent contamination by attire and its potential contribution to hospital acquired infections.
3. Additionally, perception of patients regarding appearance and attire has been well established in the literature. Patients may lack confidence and trust in individuals that are not easily identified as healthcare professionals. Promoting standard attire will assist patients in easily identifying their care providers and in promoting satisfaction. Dress, appearance and grooming play an important role in conveying an image of high quality, professional health care to the communities we serve and maintaining our excellent reputation.
4. **RATIONALE:** The Medical Center is adopting a "Bare below the elbows" (BBE) approach to prevent hospital acquired infections in all patient care areas except for intra-operative areas. This practice is supported by biological plausibility and studies in laboratory and clinical settings. The BBE approach is shown to improve disinfection during hand washing. Because it is not feasible to disinfect or replace sleeves, lanyards, watches or jewelry between patients these items are part of the BBE prohibited items.

LBM000010



Reference: PC-261.01

Page 2 of 4

**SCOPE AND RESPONSIBILITY:**

- A. **Scope:** The provisions of this Uniform Policy apply to providers in Patient Care Services who work in a job category where a standard uniform is required. Employees working in intra-operative areas or where scrub attire is provided should refer to department specific policies regarding appropriate attire and grooming standards.
- B. **Responsibility:** Compliance with this policy is the responsibility of patient care services employees and management.

**POLICY:**

- All staff working with patients, patient families or in public areas will be expected to dress in a professional manner as defined below. Employees, who come to the hospital for education or meetings, are to be dressed conservatively in business casual (including jeans or clothing made of denim) or MHS logo attire. Only appropriately fitted clothing, with no midriff showing is permitted. Shorts, ripped, torn or frayed pants (including jeans), tank tops, visible undergarments or other inappropriate clothing is not acceptable clothing in the hospital setting. Management reserves the right to ultimately determine appropriateness of appearance.
- Direct Care Providers must wear the approved hospital uniform when on duty.

<i>Discipline</i>	<i>Scrub Color</i>
RNs	Navy Blue
Assistant Unit Managers	Navy Blue
RN Educators	Navy Blue Scrub or Business Casual with White Lab Coat
Clinical Nurse Specialists	Navy Blue Scrub or Business Casual with White Lab Coat
Nurse Practitioners	Navy Blue Scrub or Business Casual with White Lab Coat
Licensed Vocational Nurse	Hunter Green
Pharmacists, technicians and interns	Black
Imaging technologists/technicians	Pewter
Respiratory Care Practitioners	Pewter
Radiation Therapists	Pewter
Dosimetrists	Pewter
Emergency Department Technicians	Wine
Phlebotomists	Wine
Occupational, Physical, Recreational Speech and Rehabilitation Therapists and Assistants	Royal Blue
Patient Care Assistants, Care Associates, Patient Service Technicians, Certified Nursing Assistants	Teal

- All uniform shirts, tops, cover jackets and white lab coats will be embroidered with the approved logo and discipline.
- Cover jackets are available on the web site for ordering, according to practice. Other cover wear, i.e., OR cover gowns, hoodies, fleece vests, sweaters, logo jackets etc. are not acceptable to wear with uniform while working.

LBM000011

Reference: PC-261.01

Page 3 of 4

5. While in patient rooms for delivery of care, sleeves are not to extend below the elbow, with the exception of isolation gowns. Cover jackets and lab coats should not be worn during the delivery of care.
6. Knit shirts (T shirts) worn under scrubs are limited to white, grey, black or navy in color. Shirt sleeves are not to extend below the elbow.
7. Providers who work in pediatric areas may choose print tops from the approved vendor.
8. Shoes should be sturdy, closed toe, and skid resistant. Shoes should be conservative and neutral in color and design.
9. The hospital intranet will have a uniform site where the following can be accessed:
  - ☐ Link to the online Store Front for ordering
  - ☐ Policy/Procedure: Uniform and Infection Prevention Policy for Direct Care Providers
  - ☐ Policy/Procedure: Appearance, Grooming and Infection Prevention Standards for Direct Care Providers
  - ☐ Frequently Asked Questions (FAQs) regarding the policies

**PROCEDURE:**

1. A uniform catalog (showing styles and sizes) is available on all units for review.
2. Orders are placed via the online Store Front Website (link TBA) by the employee.
3. Each employee has access to the Store Front Website via their employee ID number and password.
4. Each fiscal year, each employee will receive a credit on the Store Front to purchase uniforms. The Human Resource department is responsible for updating the employee database in regards to new hires, terminations and transfers to new departments.
5. Ordering can be done any time during the fiscal year by the employee, via the online Store Front. Orders are shipped directly to the employee's home. No shipping/handling charges for orders when using "credit" dollars for the first shipping only. Orders will be received within two weeks.
6. Staff may purchase additional uniforms on the Store Front website after they have spent their credit dollars. Any amount in excess of credit dollars is the employee's responsibility, including shipping/handling and tax. Credit card payments are acceptable from the employee if the amount exceeds the annual allowance.
7. Only hospital approved uniforms are available on the Store Front website for order.
8. Uniforms are available for sizing and style choices in assigned hospital locations. Information can be found in the on-line catalog found on the intranet or in the printed catalogs located on the units. Please see intranet uniform site for the most current locations.
9. Uniforms should be laundered at home using a warm-water cycle followed by a cycle in the dryer. A combination of washing at higher temperatures and tumble drying or ironing has been associated with elimination of gram-positive and gram-negative pathogenic bacteria.
10. **ENFORCEMENT:** It is the responsibility of the supervisor to consistently enforce compliance with the uniform policy.
  - a. The supervisor will direct employees who do not meet the uniform policy to badge out (to non-pay status) to change clothing or to take other necessary action to correct deficiencies.
  - b. The supervisor may take appropriate corrective or disciplinary action with employees who violate this policy.

LBM000012

Reference: PC-261.01

Page 4 of 4

- c. Human Resources will provide assistance in resolving questions or concerns regarding this policy. If individual situations arise regarding religious or medical concerns, contact Human Resources.

**REFERENCES:**

Healthcare Personnel Attire in Non-Operating Room Settings, Infection Control and Hospital Epidemiology, Vol. 35, No. 2 (February 2014), pp. 107-121. The Society for Healthcare Epidemiology of America (SHEA).

**REVIEWED/APPROVED BY:**

Clinical Operations Council	September 2014
Clinical Policy & Procedure Committee	November 2014
Nursing Executive Council	December 2014
Medical Executive Committee	January 2015

LBM000013

REFERENCE: PC-261.02  
 SUPERSEDES: New  
 ORIGINATED: October 2014  
 PAGE: 1 of 3



**POLICIES/PROCEDURES**  
**MILLER CHILDREN'S AND WOMEN'S HOSPITAL LONG BEACH**

**SUBJECT:**  
 APPEARANCE, GROOMING AND INFECTION PREVENTION  
 STANDARDS FOR DIRECT CARE PROVIDERS

**REVIEWED/REVISED:** By: Patient Care Services  
 New

**AUTHORITY:**  
 Society for Healthcare Epidemiology; Centers for Disease Control; Association of Operative Registered Nurses; The Joint Commission; California Code of Regulations, Title 22 (or as appropriate)

**PURPOSE:**

1. The Professional Appearance and Grooming Policy is intended to establish appropriate appearance, grooming and infection control standards for those who are direct patient care providers at Community Hospital Long Beach, Long Beach Memorial, and Miller Children's and Women's Hospital Long Beach, including off-site clinics and satellite work locations. The goal is to promote an efficient, orderly, safe and professionally operated organization while adhering to evidence-based best practice.
2. **BACKGROUND:** The Medical Center is committed to the safest care of patients including the prevention AND transmission of pathogens. Best-practice literature provides strong evidence for the attire of healthcare providers which may prevent hospital acquired infections. This policy provides clear guidance on the best method to prevent contamination by attire and its potential contribution to hospital acquired infections.
3. Additionally, perception of patients regarding appearance and attire has been well established in the literature. Patients may lack confidence and trust in individuals that are not easily identified as health care professionals. Promoting standard attire will assist patients in easily identifying their care providers and in promoting satisfaction. Dress, appearance and grooming play an important role in conveying an image of high quality, professional health care to the communities we serve and maintaining our excellent reputation.
4. **RATIONALE:** The Medical Center is adopting a "Bare below the elbows" (BBE) approach to prevent hospital acquired infections in all patient care areas except for intra-operative areas. This practice is supported by biological plausibility and studies in laboratory and clinical settings. The BBE approach is shown to improve disinfection during hand washing.

LBM000014





Reference: PC-261.02

Page 2 of 3

Because it is not feasible to disinfect or replace sleeves, lanyards, and watches between patients these items are part of the BBE prohibited items. The only jewelry allowed below the elbow is a solid, stone free band (ring).

**SCOPE AND RESPONSIBILITY:**

- A. Scope:** The provisions of this Professional Appearance and Grooming Policy apply to all those who work in any capacity in providing direct patient care, including, but not limited to, employees who work in uniforms and those in non-employee categories such as students, volunteers, and contractors who work at the facility through assignments from other employers. Employees working in intra-operative areas or where scrub attire is provided should refer to department specific policies regarding appropriate attire and grooming standards.
- B. Responsibility:** Compliance with this policy is the responsibility of patient care services employees and management.

**POLICY:**

1. All direct care providers will be expected to dress in a professional manner as defined below. Employees, who come into the hospital for education or meetings, are to be dressed conservatively in business casual or MHS logo attire. Only appropriately fitted clothing, with no midriff showing is permitted. Shorts, ripped, torn or frayed pants, tank tops, visible undergarments or other inappropriate clothing is not acceptable clothing in the hospital setting. Management reserves the right to ultimately determine appropriateness of appearance and grooming.
2. All individuals are expected to be clean and neat at all times. Daily requirements include personal body hygiene, dental hygiene and clean clothing.
3. Facial hair shall be clean and neatly trimmed, and must allow for a secure-fitting mask.
4. Hair (if below the shoulder) is to be tied back or pulled up to prevent any "swing" into the patient area during care. Extreme styles or colors are not permitted. Mohawks and/or extreme spiked hair are not permitted. Hair should not cover eyes. Hair ornamentation should be conservative and simple.
5. Makeup should be neutral and conservative.
6. Fragrances are not allowed, as many individuals including patients and co-workers have conditions, such as allergies and asthma that can be aggravated by perfume, cologne, aftershave, or scented lotions.
7. Tattoos are not to be visible; except for those with direct patient care responsibilities in which the tattoo is below the elbow or on the back of neck when hair is pulled back.
8. Fingernails are to be kept clean, well-cared for, and no longer than ¼ inch from the fingertip in length. Artificial and long natural fingernails are not permitted for those providing direct patient care. Artificial nails are defined as any fingernail enhancement, resin bonding, extensions, tips, or acrylics. Studies have shown higher microbial counts under artificial nails than under natural nails before and after hand washing. Nail jewelry is not permitted. Nail polish, if worn, should be well maintained. Chipped nail polish is not allowed.
9. Earrings and other accessories shall be worn so that they do not interfere with work, become a safety and/or infection hazard, or prove to be a distraction to others at work. No oral jewelry can be worn. Jewelry is limited to no more than two pair of conservative pierced, non-dangle earrings. Non-dangle necklaces to be conservative. Medical alert identification necklaces are allowed. Ear lobe plugs/tunnels are highly discouraged, but if present they must be flesh colored plugs/tunnels. Rings should be solid, stone free bands only. Wrist watches may not be worn.

LBM000015

Reference: PC-261.02

Page 3 of 3

10. Body piercing anywhere other than the ear shall not be displayed.
11. Ear buds or headsets attached to electronic devices are prohibited unless they are provided by the medical center for work duties.
12. Identification badges shall be worn by everyone with name and picture facing forward. Badges must be worn at collar level, right side, so they can be readily seen. Lanyards are not permitted. Badge reels may only be branded with MemorialCare approved logos or text.
13. Stethoscopes should be cleaned after each patient encounter by using a germicidal disposable wipe from a purple top dispenser. If the patient is in isolation for C-difficile, then use germicidal disposable wipes from an orange top dispenser. Follow manufacturer instructions for duration of wet contact time.
14. Clothing/uniform guidelines are outlined in the Uniform Policy for Direct Care Providers.

**PROCEDURE:**

1. It is the responsibility of the supervisor to consistently enforce compliance with the professional appearance and grooming policy.
2. The supervisor will direct employees who do not meet professional appearance and grooming standards to badge out (to non-pay status) to change clothing or to take other necessary action to correct deficiencies.
3. The supervisor may take appropriate corrective or disciplinary action with employees who violate this policy.
4. Human Resources will provide assistance in resolving questions or concerns regarding this policy. If individual situations arise regarding religious or medical concerns, contact Human Resources.

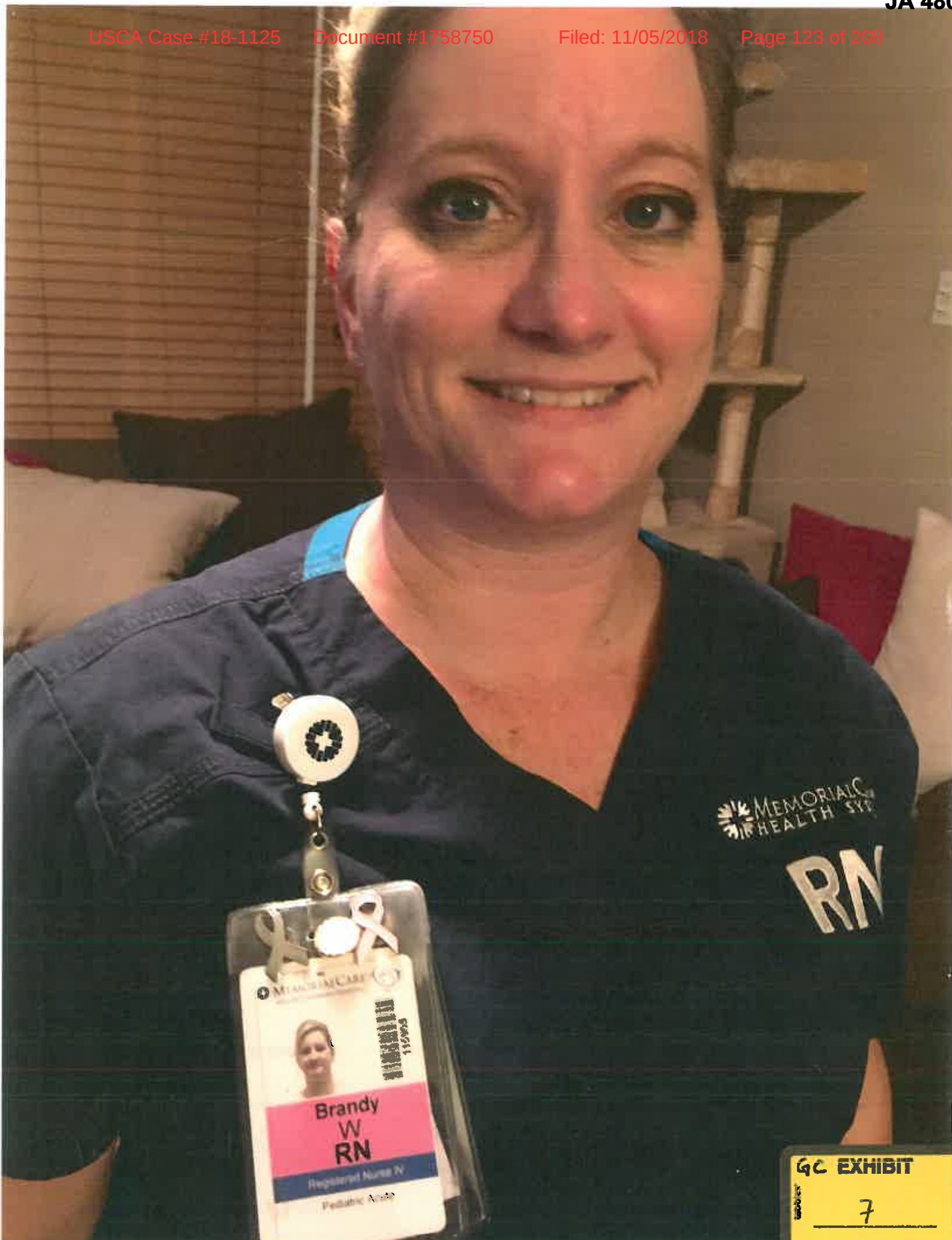
**REFERENCES:**

- Healthcare Personnel Attire in Non-Operating Room Settings, Infection Control and Hospital Epidemiology, Vol. 35, No. 2 (February 2014), pp. 107-121. The Society for Healthcare Epidemiology of America (SHEA).
- CDC Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force 2014.
- Recommended practices for hand hygiene in the perioperative setting. In: Perioperative Standards and Recommended Practices. Denver, CO: Association of Operative Registered Nurses, Inc; 2013:63-74.

**REVIEWED/APPROVED BY:**

Clinical Operations Council	September 2014
Clinical Policy & Procedure Committee	November 2014
Nursing Executive Council	December 2014
Medical Executive Committee	January 2015

LBM000016



GC EXHIBIT

7





GC EXHIBIT

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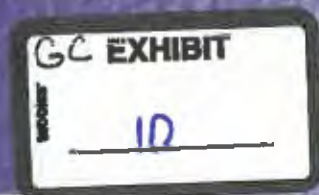
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GC EXHIBIT

9







GC EXHIBIT

11





GC EXHIBIT

12





GC EXHIBIT

13

GC EXHIBIT

14







GC EXHIBIT

15

A close-up photograph of a circular, light-colored object, possibly a medical device or a container lid, with a red logo. The logo consists of a heart shape formed by the letters 'V' and 'A', followed by 'ACC'. Below this, the text 'Vascular Access Certification Corporation' is printed in red.

VACC  
Vascular Access  
Certification Corporation

QC EXHIBIT

16











MEM  
HEA

GC EXHIBIT

19



GC EXHIBIT

20



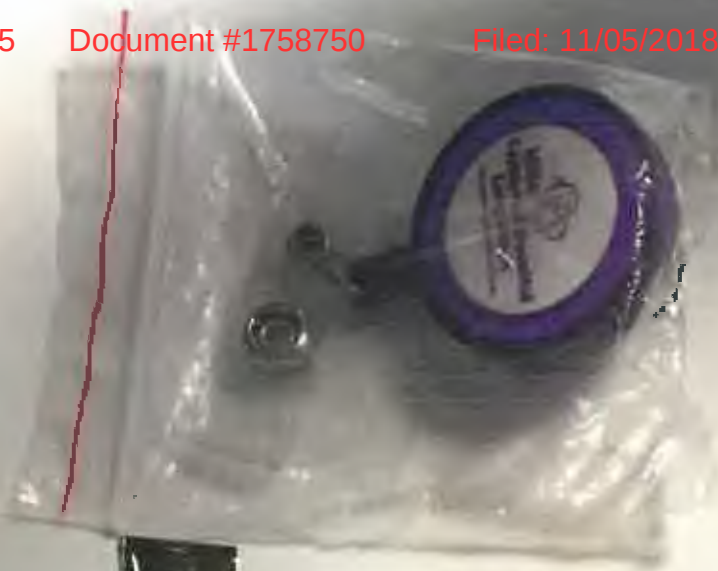
EXHIBIT

21



**Service MATTERS**  
 You have been *recognized*  
 providing a **WOW**  
 experience, a special kind  
 of service that deserves  
 recognition!

MemorialCare thanks  
 you for going the extra  
 mile in providing a  
 world-class experience  
 for our patients, families  
 and one another!





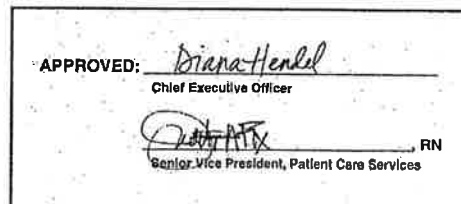
61C EXHIBIT

22





REFERENCE: PC-271  
 SUPERSEDES: November 2012  
 ORIGINATED: September 1996  
 PAGE: 1 of 3



## POLICIES/PROCEDURES LONG BEACH MEMORIAL

**SUBJECT:**  
 VISITING PLAN

**REVISED:**  
 May 2014

By: Patient Care Services

### **AUTHORITY:**

The Joint Commission Comprehensive Manual for Accreditation of Acute Care Hospitals; Infant Child Investigative Committee; California Code of Regulations Title XXII, §70707. CMS,482.13 Condition of Participation: Patient's Rights.

### **PURPOSE:**

To support the patient's and families needs during hospitalization while maintaining the rights, safety and security of all patients, staff and the Medical Center.

### **EQUIPMENT:**

Patient & Family Guide

### **DEFINITION OF TERMS:**

**Partner in Care:** A support individual of the patient's choice that will be present during the course of the hospital stay.

**Immediate Family (family):** Is defined by the patient.

**Visitors:** All others welcomed by the patient.

### **SCOPE AND RESPONSIBILITY:**

- A. **Scope:** This policy applies to patient care areas.
- B. **Responsibility:** Compliance with this policy is the responsibility of all staff and as outlined under procedure.

### **POLICY:**

1. Visitation by family and friends is important to a patient's healing process. At Long Beach Memorial we use a Patient and Family Centered Care Visiting Model; visitors/families are a welcomed part of the patient treatment team. We collaborate with patients, families, visitors and staff to create guidelines for routine circumstances. Our professional staff members use discretion and compassion in their determination to

Reference: PC-271

Page 2 of 3

- make necessary exceptions. The plan is dynamic and will change based on the fluctuating needs of the patient, family, health care team and department.
2. We welcome a **partner in care** to be present with the patient for emotional support during the course of the stay. If circumstances occur where the presence of the **partner in care** is deemed inappropriate or unsafe, medically or therapeutically contraindicated, we will respectfully inform the patient and the partner in care of our reasoning for any restriction, limitation or denial of visitation.
  3. The organization shall not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
  4. While one **partner in care** is encouraged to be here during the course of the hospital stay, the organization shall ensure that other visitors designated by the patient (or representative, where appropriate) enjoy visitation privileges that are no more restrictive than those that immediate family members would enjoy.
  5. We understand that the patient has the right to visitation while under the care, treatment and service of the organization. Each patient/**partner in care** is informed of his/her right to visitation upon admission and /or presentation for care.
  6. Visiting for Long Beach Memorial Inpatients
    - a. Partner in Care - no time restrictions for visiting
    - b. General Visiting Hours
      - ☐ Flexible; visitors are asked to finish their visit by 9:00 pm.
      - ☐ Inpatient units or floors may have differing visiting hours and guidelines depending on patient population or seasonal restrictions.
      - ☐ See Section E for special circumstances.
    - c. Children Visiting
      - ☐ Children under the age of 14 are welcomed, but will need to remain with a visiting adult at all times.
      - ☐ Note: In Critical Care areas, we recommend for children under the age of 14 that the medical team speak with the parent/guardian and offer a consultation with a Social Worker prior to the child/children visiting.
    - d. Employees Visiting Hospitalized Patients
      - ☐ All employees are discouraged from visiting patients during their "on duty" time. If employees come in on "off duty" time to visit a patient in the hospital, they will check in like any other visitor through the electronic visitor management system and wear a visitor badge.
    - e. Special Circumstances
      - ☐ There are circumstances when families and visitors may be asked to honor restricted visiting, such as when a patient is immuno-suppressed or during the virus season where families and visitors are exhibiting signs or symptoms of illness, cough, rash or other respiratory illnesses.
      - ☐ The patient's nurse may consult with the physician and will consider variables such as the patient's condition, issues of gender and the privacy of the roommate in the decision making for special circumstances.
      - ☐ Family and visitors are encouraged to visit and support patients who are confused/agitated, who require assistance with language barriers, and other situations.
      - ☐ Nurses will coordinate with the patients and families requiring special support during end of life situations. Individual circumstances may vary depending on the patient's condition.
      - ☐ In all protective service cases, please contact Social Work Services for clarification regarding visitation.



- In the Critical Care Units (ICU, CCU, ICCU) we partner with our patients and families to provide safe, quality, compassionate care. The number of family/visitors at the patient's bedside is often limited to 2 due to the limited space and equipment each patient requires. Important information is shared between clinicians at the professional exchange report and family/visitors may be asked to refrain from visiting between 7:00 a.m. - 7:30 a.m. and 7:00 p.m. - 7:30 p.m. The staff will partner closely with each patient when individual issues need to be considered.

**PROCEDURE:**

1. Invite the patient/guardian to identify the Partner in Care.
2. Welcome families, visitors, and Partners in Care.
3. For details related to visiting badges, see PC-271.01: Visitor Management.
4. Upon admission, the admitting personnel provide the patient/guardian with the Patient & Family Guide.
5. Provide additional guidelines as indicated by specific unit or seasonal restrictions.
6. Visiting AFTER regular visiting hours: If a person presents unexpectedly requesting to visit after hours, the Information Desk staff will contact the Assistant Manager, Relief Coordinator or the patient's nurse to verify permission to visit. If necessary, the House Supervisor will be contacted to resolve any communication issues.

**REVIEWED/APPROVED BY:**

Clinical Policy and Procedure Committee	April 2014
Nursing Executive Council	April 2014
Medical Executive Committee	May 2014



REFERENCE: PC-271.01  
SUPERSEDES: July 2013  
ORIGINATED: September 2012  
PAGE: 1 of 17

APPROVED:  , RN  
Senior Vice President, Patient Care Services

**POLICIES/PROCEDURES  
LONG BEACH MEMORIAL**

**SUBJECT:**  
VISITOR MANAGEMENT

**REVIEWED/REVISED:**  
April 2015  
(Attachment A updated May 2015)

By: Patient Care Services

**AUTHORITY:**  
The Joint Commission Comprehensive Manual for Accreditation of Acute Care Hospitals;  
Infant Child Investigative Committee; California Code of Regulations Title XXII, §70707. CMS,  
482.13 Condition of Participation: Patient's Rights

**PURPOSE:**  
To support the visiting plan with an efficient process to greet, identify, and direct family and visitors; to support a safe and secure environment.

**EQUIPMENT:**

1. Campus map
2. Badges for parents/legal guardians
3. ID bands for parents/legal guardians
4. Visitor passes
5. Visitor Log
6. Vendor Log

**DEFINITION OF TERMS:**

**Building B:** The newer building also known as the Pavilion.

**Building C:** The older building also known as the Heritage Building.

**Partner in Care:** A parent or other support individual of the patient/parent/guardian's choice that will be present during the course of the hospital stay.

**Visitors:** All others welcomed by the patient/parent/guardian.

**SCOPE AND RESPONSIBILITY:**

- A. **Scope:** This policy applies to patient care areas.
- B. **Responsibility:** Compliance with this policy is the responsibility of staff and as outlined under procedure.

Reference: PC-271.01

Page 2 of 17

#### **POLICY:**

1. At Long Beach Memorial we use a Patient and Family Centered Care Visiting Model; visitors/families are a welcomed part of the patient treatment team as described in PC-271: Visiting Plan.
2. The organization shall not restrict, limit or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.
3. Visiting will be restricted for persons with known legal restrictions for proximity to children, a patient, or an employee, or whose actions or behaviors are deemed unacceptable by Public Safety or Administration.
4. Partners in care, family, visitors, vendors, physicians and staff will be identified by a badge worn prominently on the outer clothing.
5. Persons without an identification badge will be escorted to an information desk to obtain a badge; those in an area that does not match the badge being worn will be escorted to the appropriate area or the information desk for further instruction.

#### **PROCEDURE:**

- I. Upon admission, provide the parent/legal guardian a long term badge and ID band that matches the pediatric/neonatal patient's per PC-271.02: Security: Infants and Children.
- II. Lobby Information Center: Service Excellence or Public Safety Personnel welcome the visitor/family/Partner in Care:
  - A. From 6 am to 10 pm the main information desk is manned by Service Excellence personnel. Between 10pm and 6 am, Public Safety personnel monitor the main information desk.
  - B. If the visitor/Partner in Care is already wearing a current badge, confirm the photo matches the visitor. If not, ask for the name of the patient to be visited.
  - C. Verify that the patient is here, access is permitted (i.e. not a VOV or No Comment,) and the location of the patient.
  - D. If a non-patient care visitor enters to visit an employee, verify that the employee is expecting or approves of the visitor before issuing a badge.
    - Call the identified employee to approve the visitor. If a County, State or Federal employee is visiting (announced or unannounced) on official business:
      1. Verify they have a government issued identification badge or shield with badge number.
      2. Politely offer the visitor/s to have a seat and inform them that you will contact the appropriate individuals to assist them.
      3. Using a land line, call the Public Safety command post and request the leader of the shift to respond to your location concerning the visitor. Advise dispatch to contact the House Supervisor (HS) to meet the shift lead in the lobby where the visitor is located.
      4. Always apprise the HS of the visitor and the associated government agency.
      5. If the visitor is from the County Department of Public Health (CDPH) or any other regulatory agency, contact the Executive Office at ext. 31104 and request assistance.

Reference: PC-271.01

Page 3 of 17

6. Provide a visitor badge using a downtime sticker; do not utilize the electronic management system. These visitors will be escorted by management personnel.
  - E. Provide the visitor with a campus map (Attachment A) when necessary to improve the directions provided.
- III. Prepare the visitor's badge:
- A. Using the electronic visitor management system, open the visitor check-in form.
  - B. Choose the appropriate visitor badge template. Admitting Department representative will choose the "Parent" or "Partner in Care" long term badge template when appropriate.
  - C. For adult visitors:
    1. Using the driver license reader, swipe the visitor's driver license.
    2. If an alert appears, follow the prompt on the alert message. For suspected sex offender watch list alerts:
      - a. Admitting representative: Telephone Public Safety (30100) and states "SOR please." Public Safety will be dispatched and will remain with the visitor.
      - b. Service Excellence personnel: Discretely tells the Public Safety Officer "RSO please."
      - c. Parent/legal guardian/Partner in Care, or Visitor is confirmed to be a registered sex offender (see Attachment B):
        - i. Per algorithm, Public safety confirms registered sexual offender (RSO) status.
        - ii. Per algorithm, Public safety will consult with House supervisor and/or department manager to determine visitation privileges based on relationship, patient's clinical status, if death is imminent, private room and other factors as outlined in Attachment B.
        - iii. Visitation parameters will be determined per algorithm, for either no visitation, 15 minutes, daytime hours only, or no restrictions.
        - iv. Public safety will be responsible to present a behavior contract to the RSO to sign. Public safety will review the terms of the behavior contract with the RSO, including the visitation restrictions. Public safety will maintain any pertinent records (e.g. contract, other) for the duration of the patients admission.
        - v. Department manager, or the House Supervisor, will communicate visitation restrictions and safety parameters, to nursing and other appropriate staff.
        - vi. No documentation with respect to visitor sexual offender status will be documented in the patients record, unless relevant to the patients clinical condition and care needs.
    3. If no driver's license is available, type in the legal name and birthdate.
    4. If the photo does not appear to be current, take a new picture using the attached camera.
  - D. For minor visitors, take photo, enter name and birthdate. The name will not appear on the badge, but will be recorded in the visitor log.

Reference: PC-271.01

Page 4 of 17

- E. Choose the destination location and enter the room number of the patient (if applicable.)
- F. Direct the parent/legal guardian/Partner in Care/visitor:
  - 1. Wear the badge prominently on outer clothing.
  - 2. Discard the badge upon final exit.
  - 3. Non-patient Visitor: Explain to these visitors that they are allowed to ascend to patient floor but not to visit inside patient rooms. This includes people entering the hospital for professional purposes such as delivering medical equipment, etc.
- G. Vendors:
  - 1. Public Safety personnel provide the vendor passes.
  - 2. Give the Vendor Pass (a square, laminated, numbered clip-on pass) at the information desk in the LBM main lobby. (See also Environment of Care Security Management-Providing Identification for Patients, Visitors, and Staff EOC-Sec-206.)
    - a. Blue: LBM and MCWHLB
    - b. Green: Surgery areas.
    - c. Direct the vendor to complete the log with name, company, date, time in and out and signature.
    - d. Direct the vendor to wear the pass prominently on outer clothing only for the date entered and to return it on the way out.
- IV. Direct family, visitors and vendors towards the elevators or their destination. Direct them to limit their travel within the medical center to the floor or unit they are designated to visit.
- V. Patient Care Areas:
  - A. All staff members are to check the badges worn by others to verify that the person is appropriate to enter the unit.
  - B. Identify persons at the patient's bedside using the identification badge. Identify a parent/guardian using the ID armband when required.
  - C. Escort parents, visitors, or vendors with no identification to an area in which they may obtain a visitor's badge.
  - D. Escort persons found in areas that do not match their pass to the appropriate area or the information desk.
  - E. Upon discharge for pediatric patients, collect badges and armbands before they exit the building.
- VI. Visiting AFTER regular visiting hours: If a person presents unexpectedly requesting to visit after hours, the Public Safety staff at the information desk will contact the Assistant Unit Manager, Relief Coordinator or the patient's nurse to verify permission to visit. If necessary, the House Supervisor will be contacted to resolve any communication issues.
- VII. Managing escalation situations: In the event that a family member's behavior escalates to an agitated, distressed or violent state, use algorithm in Attachment C to manage the situation.

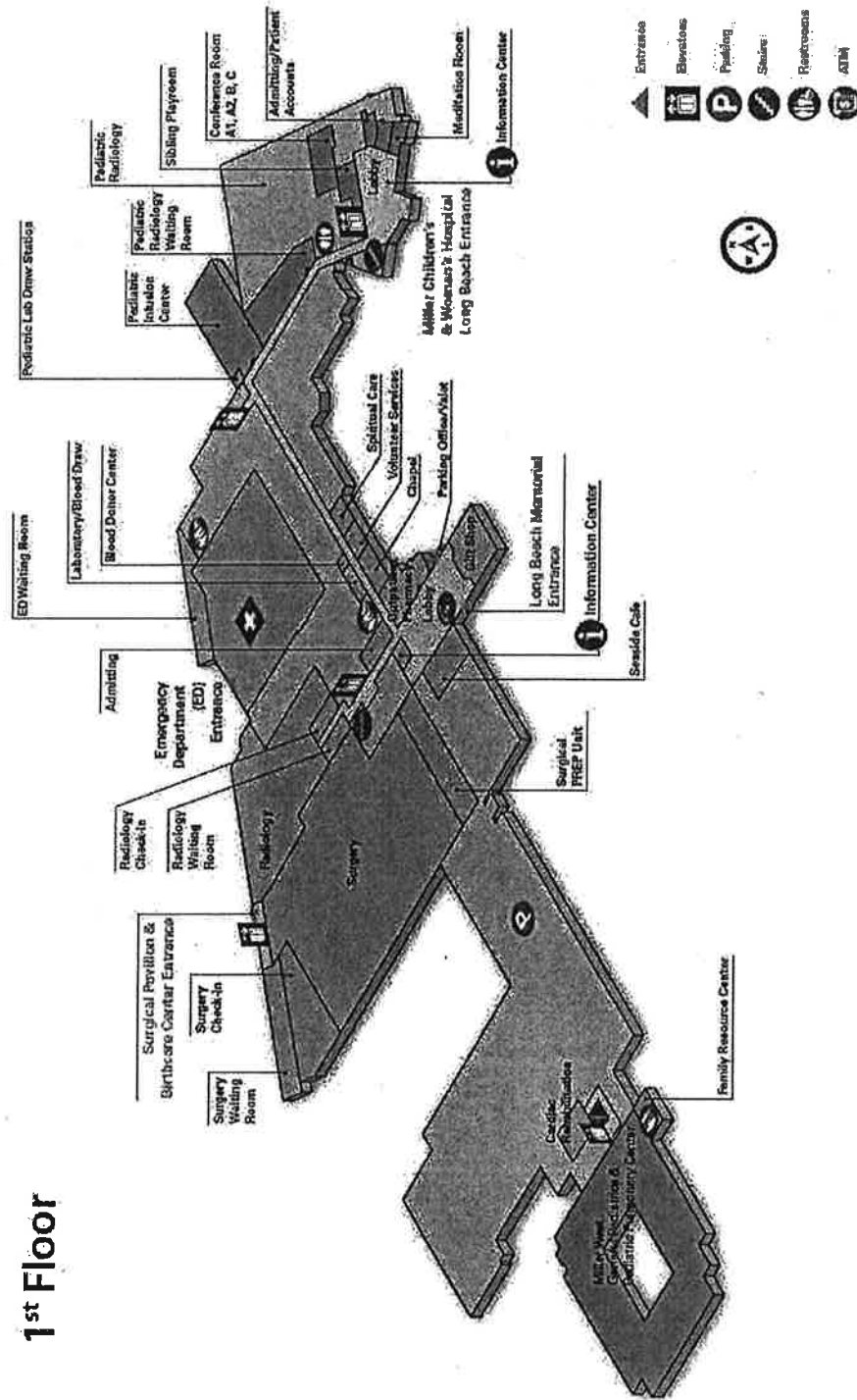
Reference: PC-271.01  
Page 5 of 17

## REVIEWED/APPROVED BY:

Clinical Policy and Procedure Committee	March 2015
Nursing Executive Council	March 2015
Medical Executive Committee	April 2015







LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach  
MEMORIAL CARE HEALTH SYSTEM

## 2nd Floor



**LONG BEACH MEMORIAL**  
**Miller Children's & Women's**  
**Hospital Long Beach**  
 **MEMORIALCARE HEALTH SYSTEM**

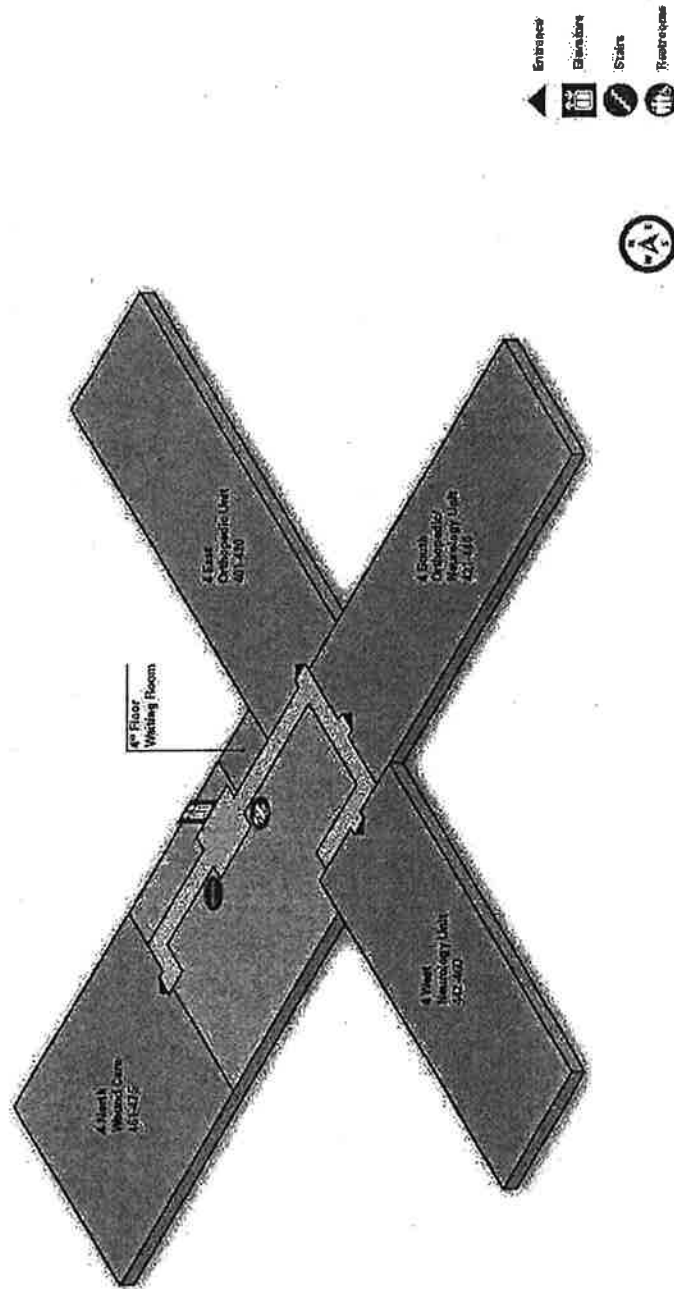


**Todd Cancer Pavilion 3<sup>rd</sup> Floor**

**LONG BEACH MEMORIAL**  
**Miller Children's & Women's**  
**Hospital Long Beach**  
 **MEMORIALCARE HEALTH SYSTEM**

Reference: PC-271.01  
Page 10 of 17

## 4<sup>th</sup> Floor

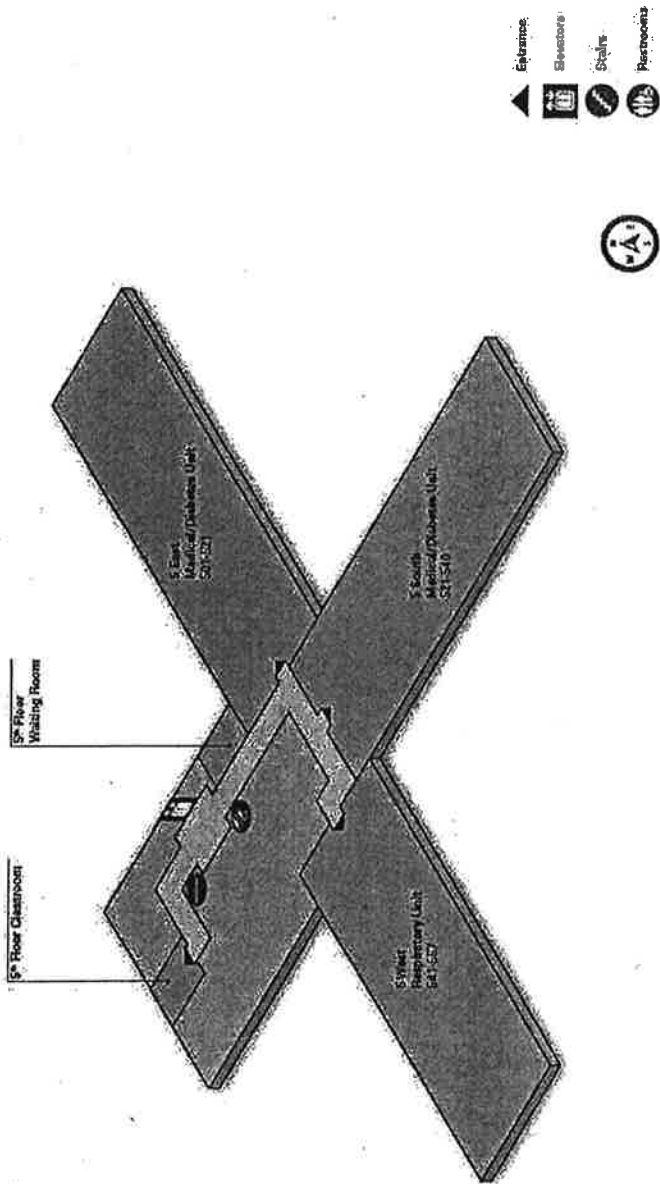


LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach  
MEMORIALCARE HEALTH SYSTEM



Reference: PC-271.01  
Page 11 of 17

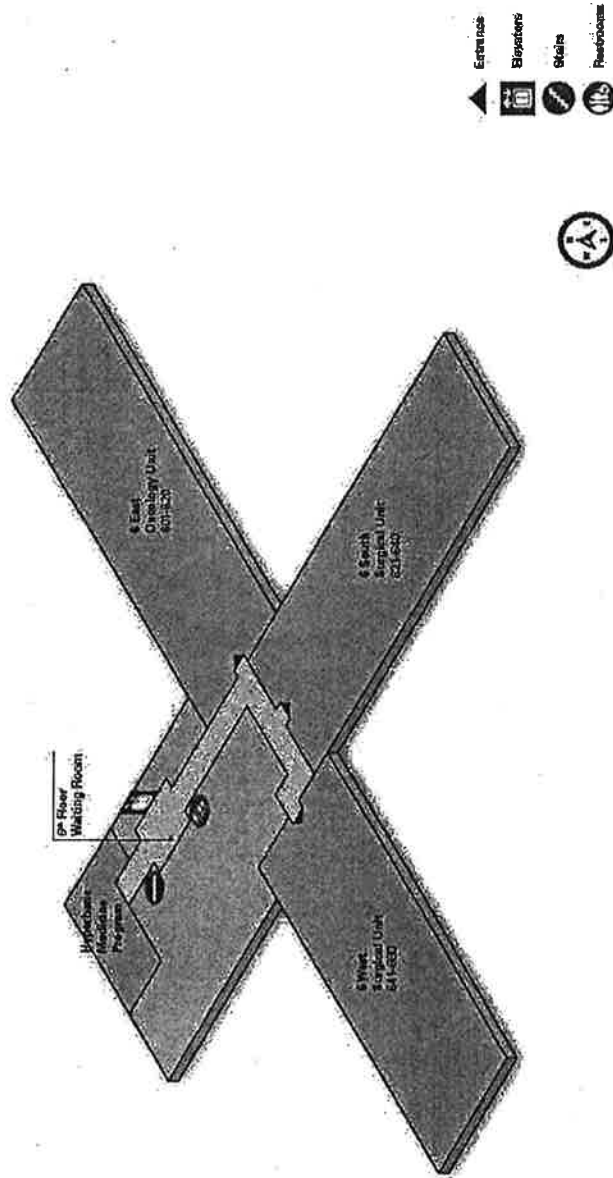
5<sup>th</sup> Floor



LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach  
MEMORIALCARE HEALTH SYSTEM

Reference: PC-271.01  
Page 12 of 17

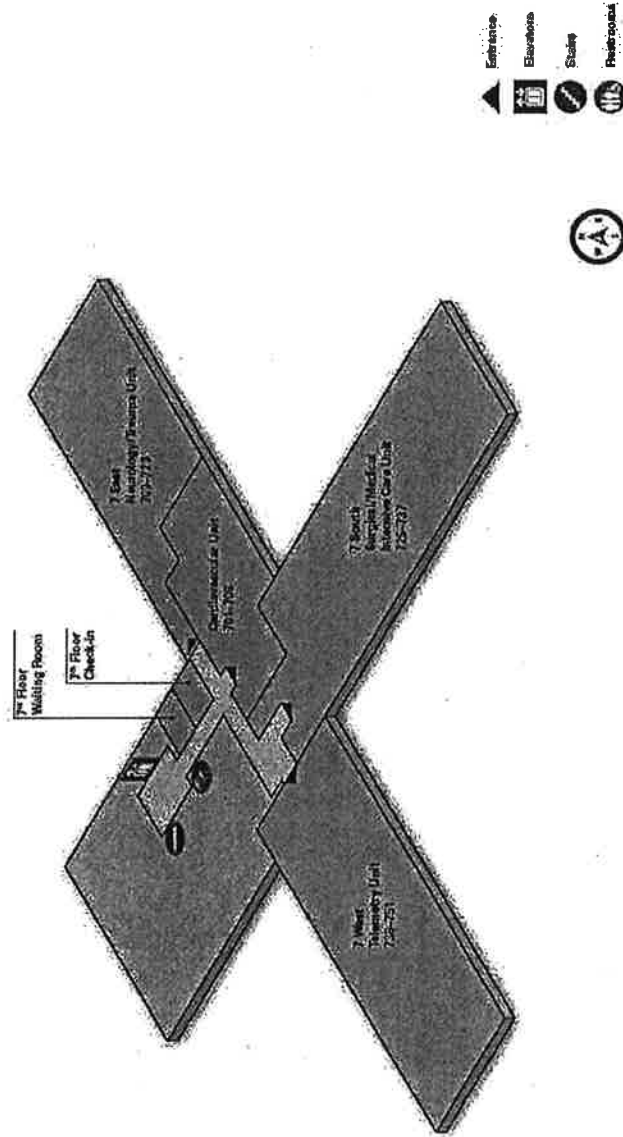
## 6<sup>th</sup> Floor



LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach  
MEMORIAL CARE HEALTH SYSTEM

Reference: PC-271.01  
Page 13 of 17

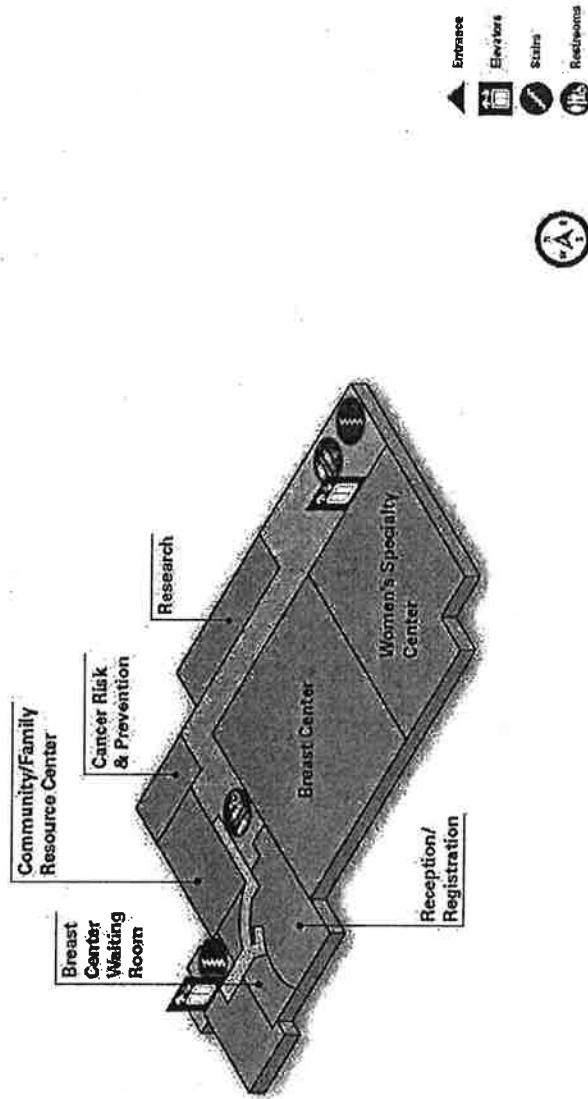
## 7<sup>th</sup> Floor



LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach  
MEMORIAL CARE HEALTH SYSTEM

Reference: PC-271.01  
Page 14 of 17

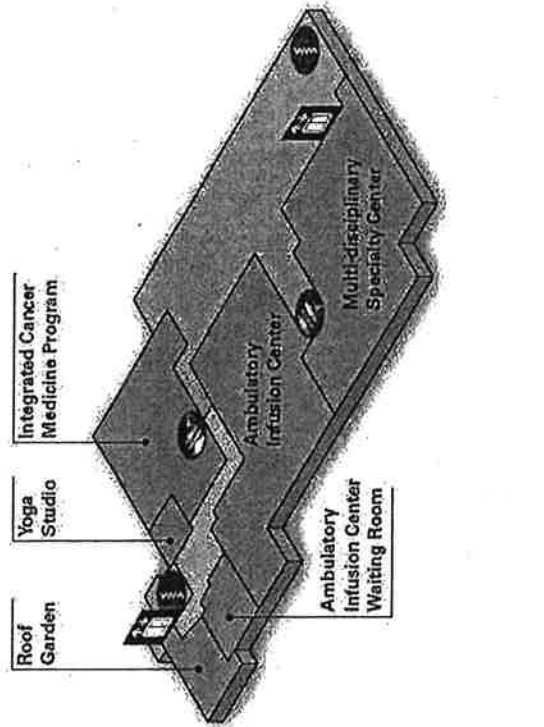
## Todd Cancer Pavilion 2<sup>nd</sup> Floor



MEMORIAL CARE  
TODD CANCER INSTITUTE  
Long Beach Memorial

Reference: PC-271.01  
Page 15 of 17

## Todd Cancer Pavilion 3<sup>rd</sup> Floor

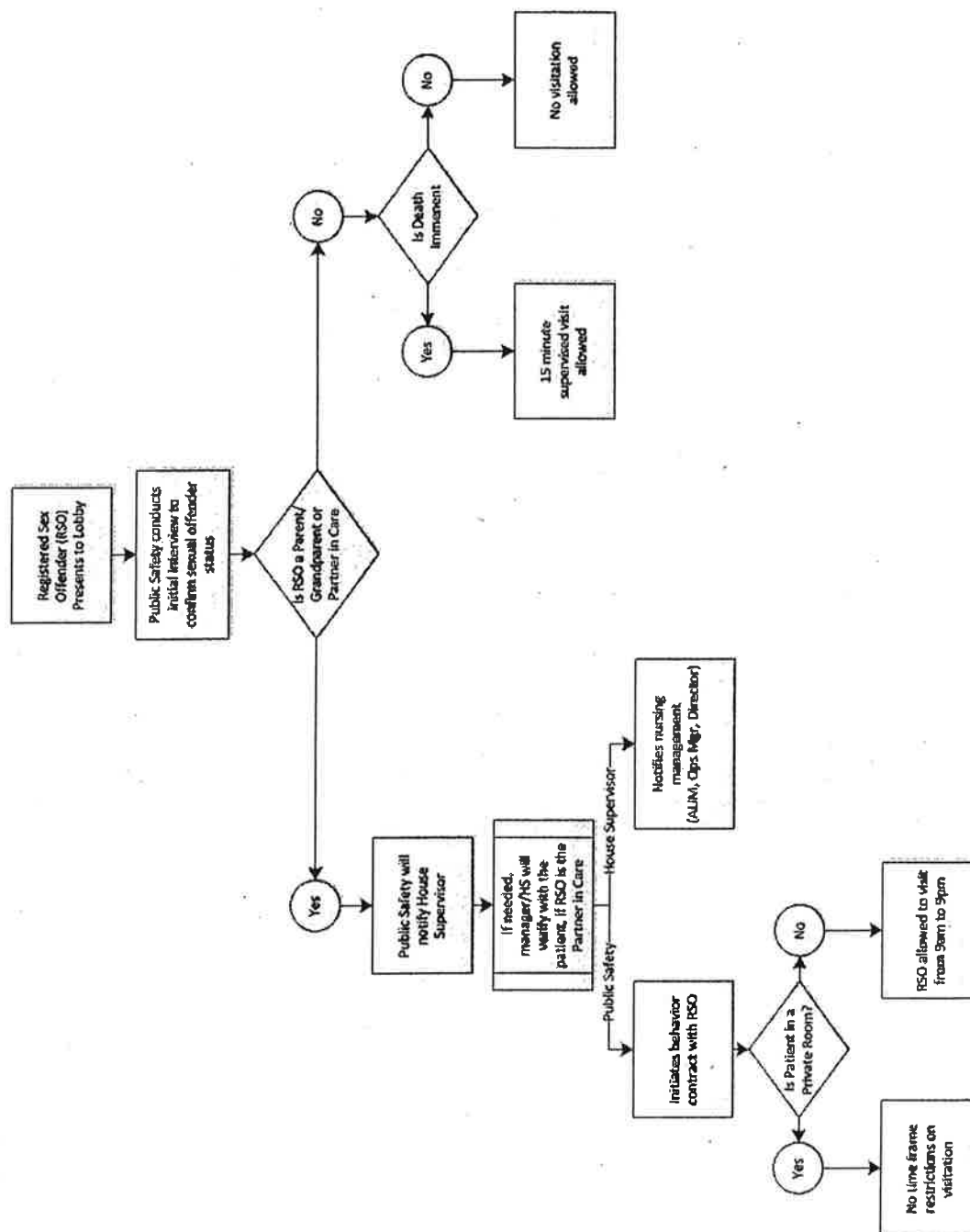


**MEMORIAL CARE**  
TODD CANCER INSTITUTE  
Long Beach Memorial



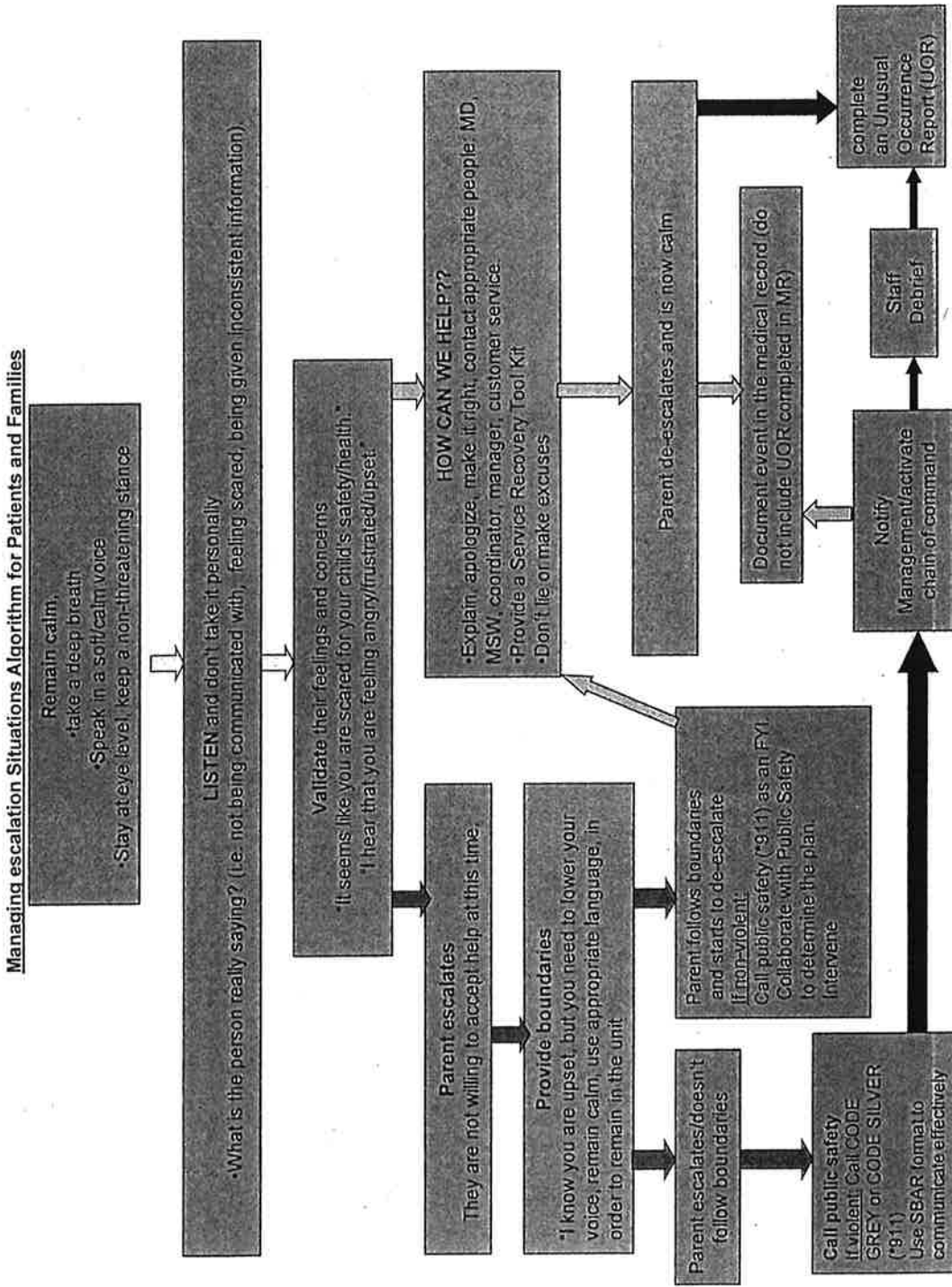
Reference: PC-271.01  
Page 16 of 17

Attachment B

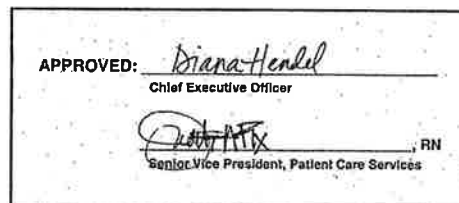


Reference: PC-271.01  
Page 17 of 17

Attachment C



REFERENCE: PC-271.02  
 SUPERSEDES: November 2012  
 ORIGINATED: September 2012  
 PAGE: 1 of 5



**POLICIES/PROCEDURES  
 LONG BEACH MEMORIAL**

**SUBJECT:**  
 SECURITY: INFANTS AND CHILDREN

**REVIEWED/REVISED:**  
 September 2014  
 (Clarification November 2014)

By: Patient Care Services

**AUTHORITY:**  
 Joint Commission Comprehensive Accreditation Manual for Hospitals; California Code of Regulations Title XXII, §70707

**PURPOSE:**  
 To ensure the safety of infants and children in Long Beach Memorial (LBM.)  
 To describe hospital systems in place to ensure security of patients.  
 To define appropriate patient/family education regarding security in LBM.  
 To support patient/family satisfaction and family centered care while maintaining the safety and security of the patients and the hospital.

**EQUIPMENT:**

1. Patient and Family Guide
2. Emergency Department:
  - a. Handout "Parent Pass and Wristband Information"
  - b. Identification bands
  - c. Parent/legal guardian visitor badge

**SCOPE AND RESPONSIBILITY:**

- A. **Scope:** This policy applies to patients, family, staff, volunteers and visitors in LBM.
- B. **Responsibility:** Staff members and volunteers are responsible for the safety and security of our patients.

**POLICY:**

1. LBM provides a safe and secure environment for patients and their families.

Reference: PC-271.02

Page 2 of 5

2. LBM staff members comply with and support the security provisions and guidelines in place. Security measures include:
  - a. An annual threat assessment is conducted by Public Safety.
  - b. The Director of Security will ensure that the following equipment is inspected weekly for proper operation:
    - i. The closed circuit TV system: cameras, recording devices, monitors.
    - ii. Door alarms.
    - iii. Access control systems.
  - c. Each patient care area establishes a routine for testing alarms at stairwells/exit doors.
  - d. Deliveries such as flowers and other gifts are left at the unit desk. Staff or volunteers will deliver items to the patient rooms.
  - e. Doors are not propped open to facilitate access/egress or promote ventilation.
  - f. Emergency exits shall not be utilized by staff except during legitimate emergencies.
  - g. Visitors with a known legal restriction for proximity to children, a patient, or an employee, or whose actions or behaviors are deemed unacceptable by Public Safety/Administration, will not be allowed access to the campus.
  - h. All persons entering a patient care area are identifiable as a patient, parent/legal guardian, employee, volunteer, physician, or visitor.
3. Parents, families, and visitors will be educated regarding the measures in place to provide a safe place for infants and children within the hospital.

**PROCEDURE:****I. IDENTIFICATION****A. Patients:**

1. Apply an identification band on admission to inpatients and those outpatients receiving invasive procedures, IV therapy, or medication/sedation/blood administration.
2. Identify these patients before performing any treatment, test, procedure or medication identification using two (2) identifiers: the patient's name and medical record number (MRN) according to Policy and Procedure PC-143: Patient Identification, ID Bands, And "Alert" Armbands.
3. Identify other outpatients receiving care by confirming verbally with the responsible adult a minimum of two (2) identifiers, using name and date of birth.

**B. Parents and Legal Guardians of pediatric patients in the Emergency Department: When a pediatric patient will be discharged from the LBM ED and admitted to Miller Children's and Women's Hospital Long Beach, the admitting personnel do the following:**

1. Affix an identification wristband that matches the child's ID band to each parent/legal guardian present at the time of admission. Instruct the parent/guardian to wear the identification band on the wrist. (Parent may carry wristband without wearing on wrist if preferred.)
2. Prepare a parent/guardian badge for each parent/guardian to be valid for one week or an appropriate length of time based on expected length of stay. Instruct the parents/guardians to wear the badge prominently on outer clothing.
3. Provide the handout "Parent Pass and Wristband Information" (Attachment A.)

**C. Staff Identification:**

1. Wear the LBM photo ID badge visibly at all times while on the job. Employees, including primary caregivers, who are authorized to remove infants and children from their room and/or unit are required to wear a badge with a pink bar prominently displayed. (See EOC-SEC-02: Security Management, Infant / Child Security.)
  2. The photo ID includes the name and title of the employee.
  3. Immediately report the loss of your photo ID badge to the Security Office and your department manager.
- D. Other family/partners in care/visitors are welcomed to enhance patient/family centered care.
1. See PC-271: Visiting Plan for details regarding the patient and family approach to care and PC-271.01 Visitor Management for the process of welcoming and badging visitors.
  2. If a visitor is known to be restricted either by a legal process, or per Public Safety/Administration, contact Public Safety for assistance.
- II. TRANSPORTING TO ANOTHER AREA:
- A. Provide a staff escort for ancillary services.
  - B. Employees who are allowed to transport an infant or child must have a pink name badge.
  - C. Transfer and transportation of patients will include appropriate ID banding and security.
  - D. Refer to PC-256: Transportation of Patients: Intrafacility and Across Campus
  - E. Discharge: With a physician's order for discharge, and completion of the discharge process, collect visitor passes before sending the patient home.
- III. SUSPECTED ABDUCTION: (See also Emergency Management-Internal Disaster-Infant and Child Abductions, policy EM-INT-11-08 for more detail.)
- A. A Code Pink (infant) or Code Purple (child) is implemented as the official response code to an actual or suspected abduction.
  - B. All employees are to respond simultaneously:
    1. If the suspicious person is observed with an infant or child, make inquiring and distracting statements, such as "Excuse me, may I see your baby/child?" while following at a safe distance.
    2. Call \*911 and state "Code Pink" (infant) or "Code Purple" (child) and give a detailed description of the suspect, infant/child, and location last seen.
    3. Perform a diligent search for the infant/child, including all nearby rooms and potential hiding places.
    4. Go to nearest exit and observe for suspicious person as described by PBX operator. Report observations if suspect or infant/child is observed.
    5. A Hospital Incident Command System is activated. (Environment of Care Security Management-Diligent Search, EOC 011-06.)
- IV. STAFF EDUCATION
- A. Staff will be educated about infant and child security at LBM at the time of hire and annually, including:
    1. Access to hospital
    2. Identification of patients, staff and visitors
    3. Closed-circuit television system
    4. Ongoing infant and child security drills
    5. Victimology characteristics



Reference: PC-271.02

Page 4 of 5

6. Identification of high risk persons
  7. Parent education
  8. How to confront unidentified visitors
- B. Code Pink/Code Purple drills are held annually.
- C. Lessons learned are incorporated into education.

**DOCUMENTATION:**

Document patient/family teaching regarding patient security in the electronic medical record as indicated.

**REVIEWED/APPROVED BY:**

Infant Child Investigative Committee	July 2014
Clinical Policy & Procedure Committee	July 2014
Nursing Executive Council	July 2014
Medical Executive Committee	September 2014

Attachment A

## Parent Pass and Wristband Information

The parent passes and wristbands are to be worn during your child's entire hospital stay. This will allow you to move freely around the hospital.

A maximum of two parent passes and two wristbands will be issued per child. The parent pass and band will be issued to the parent(s) present at the time of your child's admission. If you are not present during your child's admission, please come to Admitting to be issued the pass and band.

The parent pass is good for one week. You will need to come back to the Admitting Department to get a new parent pass if your child's stay is longer than one week.

If you need to replace your parent pass or wristband, please come to one of our Admitting offices. Please do not remove the wristband yourself, it must be done by Admitting staff.

### ADMITTING DEPARTMENT – HOURS OF OPERATION PARENT PASS AND WRISTBAND DISTRIBUTION

#### Miller Children's Admitting

7 days a week, 6:00 a.m. – 9:00 p.m.

#### After Hours - Long Beach Memorial Main Admitting

Located next to Main Lobby

Monday – Friday, 9 p.m. – 12 midnight;

Saturday – Sunday, 9:00 p.m. – 10:00 p.m.


#### Emergency Department Admitting:

Monday – Friday, 12 midnight - 6:00 a.m.

Saturday – Sunday, 10:00 p.m. – 6:00 a.m.

Thank you.

Miller  
Children's Hospital  
Long Beach  
MemorialCare Health System

 <b>Memorial Health Services Policies and Procedures</b>	<b>Effective Date:</b>  <b>September 1, 2015</b>
<b>Subject:</b> Environment of Care Security Management – Providing Identification to Staff, Patients, Visitors	
<b>Manual:</b> Environment of Care  <b>Policy/Procedure #:</b> EOC-SEC-206 <b>Section:</b> Security	<b>Ginger Alhadeff</b> <b>Director of Safety</b> Facilities Development Long Beach Memorial Medical Center Miller Children's Hospital Long Beach

**PURPOSE** To establish the procedure for issuance of identification badges to employees, physicians, contract employees, volunteers, clergy and vendors of the hospitals, and the requirement for wearing same on campus at all times.

#### DEFINITION OF TERMS:

"Environment of Care" ("EOC"): The physical and social environment within which services are provided for our patients at all MCH facilities. Environment of Care Standards refer to standards in the JCAHO Accreditation Manual.

**SCOPE AND RESPONSIBILITY:** The scope of this policy applies to all MHS facilities.

**POLICY:** It will be the policy for all affected staff to ensure they are wearing their identification badge, and to ensure, where applicable, patients, vendors, visitors and physicians are wearing identification badges.

**PROCEDURE:** The Security Department is responsible for producing and issuing all identification badges with the picture, person's name, title and personnel information, and department on the badge. All badges are the property of the hospitals.

#### A. Employees:

1. At the time of an employee's desk orientation, Human Resources will instruct the employee to report to the Security for a badge. At that time, the employee will be photographed, their personnel data verified (including vehicle license number), and an identification badge will be issued.
2. Identification badges must be worn and displayed at all times while on campus, including any off-site buildings managed by the hospitals. Employees not wearing appropriate identification badges will be issued a citation. The first incident will result in a warning. The second incident may result in a three-day suspension without pay and the third incident may be grounds for disciplinary action, including termination. Employees who retrieve the badge off-campus will do so without pay.
3. It is the employee's responsibility to notify the Security Department of any lost or stolen badges. Failure to report a lost or stolen I.D. badge within 24 hours may be cause for appropriate disciplinary action.
4. Management personnel are responsible and accountable for enforcing this policy within their own departments.
5. Employees must surrender their I.D. badge upon the request of any Security Officer while on campus. Failure to do so will be considered insubordination and is a cause for disciplinary action.
6. Possession or use of another employee's I.D. badge is prohibited.

**B. Physicians:**

1. Physicians report to Security for the issuance of their I.D. badge.
2. Identification badges must be worn and displayed by physicians while on hospital campus and off site clinical facilities.
3. Physicians must notify the Security Department for any lost or stolen identification badge.
4. If applicable, all interns and residents must obtain an identification badge from Security. At the end of the term, the intern or resident must turn their badges in to their supervisor.

**C. Vendors:**

1. Vendors who routinely and continuously perform their business on the hospital campus may receive an identification badge. Security will issue the badges, and they may have their company name on the badge. An expiration date may be determined at the time of issue based on the need and requirements.
2. It will be the vendor representative's responsibility to notify the Security Department of any lost or stolen identification badge.
3. All vendor representatives without badges must sign in at the Material Services Administration office. Each representative must obtain a vendor badge at the Material Services Administration. The vendor badge must be worn in a visible manner at all times while on campus.
4. All vendor badges will be signed for in Material Services Administration office and the following information will be recorded and maintained on file: representative's name, date, company name, department or person visiting, badge number, time in, time out and signature.
5. The vendor badge must be returned prior to leaving campus.
6. It is the responsibility of the representative of Material Services to enforce this policy within the department.

**D. Volunteers:**

1. At the time of a Volunteer's orientation, Volunteer Services will instruct each volunteer to report to the Security for a badge. Each volunteer will be photographed, their personnel data entered into the badge system, and a badge will be issued.
2. Identification badges shall be worn and displayed by all volunteers at all times while on the hospital campus, including any off site buildings. Volunteers not wearing or displaying the appropriate badge will be instructed to report to the Volunteers' office for temporary identification. Any continual violation of the identification/badge policy by any volunteer will be handled appropriately by Volunteer services.
3. It is the responsibility of each volunteer to notify the Security Department of any lost or stolen badge.
4. Volunteer Services is responsible for the enforcement of this policy within the Volunteer Services department.

**E. Clergy:**

1. At the time of the Clergy orientation by Pastoral Care, the Chaplain will instruct the Clergy who routinely and continuously visit the hospital to report to Security for a badge. Those appropriate Clergy will be photographed, their personnel data entered into the badge system, and a badge will be issued.
2. Identification badges shall be worn and displayed by all clergy at all times while on the hospital campus, including all off site buildings. Clergy found not wearing the appropriate badge will be instructed to go to the Pastoral Care office for temporary identification. Any continual violation of this policy by any clergy will be handled appropriately by the Chaplain.

3. It is the Clergy's responsibility to notify the Security Department Command Post of any lost or stolen badge.
4. All Clergy who occasionally and infrequently visit the hospital will sign in and out at the Pastoral Care Office. Those Clergy who are infrequent visitors will not receive identification badges and their visits will be identified through Pastoral Care.
5. The Pastoral Care Office is responsible and accountable for enforcing this policy with the clergy.

#### **F. Contractors**

1. Contractors who routinely and continuously perform their business on the hospital campus may receive an identification badge. The Construction Manager or Engineering will request a badge for specific contractors. After the badge has been approved by Security, the contractor may come to the Security Department and be issued an identification badge. The company name will appear on the badge. An expiration date may be determined at the time of issue based on the need and requirements.
2. It will be the contractor representative's responsibility to notify the Security department command center of any lost or stolen identification badge.
3. All other contractors must sign in at the Construction office or Engineering and receive a yellow contractor badge. The yellow contractor badge must be worn in a visible manner at all times while on campus.
4. All contractor badges will be signed for in the Construction office or Engineering and the following information will be recorded and maintained on file: contractor's name, date, company name, department or person visiting, badge number, time in, time out and signature.
5. The contractor badge must be returned to the Construction manager or Engineering when the construction project is complete.
6. It is the responsibility of the Construction Manager and/or Engineering to enforce this policy within the department.

#### **G. Students (if applicable)**

1. All students, normally assigned through Nursing Education, will have ID requests completed and signed and returned to the Security command center for completion.
2. ID badges will be completed without proximity cards.
3. Students will park in a designated lot and utilize a parking code on the key pad for entrance and exit to the lot. This code will be given to the students by the nursing educator.
4. All other requests for student ID badges must be made through the Security department.
5. Upon completion of the student assignment, ID badges must be returned to the Security Department.

**AUTHORITY JCAHO:** Environment of Care Standards.

**HISTORY:** Policy developed to minimize risks related to inability to identify individuals within the medical center, and to promote consistencies related to badge practices.

**Origination Date:** November, 1994


**Reviewed/Revised Dates:** January, 1998, January, 2000; January, 2003; June, 2006  
June, 2012, September, 2015.









 <b>Memorial Health Services Policies and Procedures</b>	<b>Effective Date: March 14, 2013</b>
<b>Subject: Influenza Vaccination and Protection Program</b>	<b>Approval Signature:</b>  <b>Barry Arbuckle President &amp; CEO</b>
<b>Manual: Administrative (Human Resources)</b>  <b>Policy/Procedure #361</b>	<b>Sponsor Signature:</b>  <b>Lorraine Booth VP, People and Culture</b>

## I. PURPOSE

MemorialCare Health System ("MHS") is committed to protecting its patients and staff during influenza season. This Policy establishes the requirements for an influenza vaccination program at MHS and its affiliated entities (each, "MHS Entity").

This Policy encompasses all influenza vaccines currently recommended by the Centers for Disease Control and Prevention ("CDC") and is consistent with the current vaccination recommendations of the Association for Professionals in Infection Control and Epidemiology ("APIC").

## II. DEFINITION OF TERMS

- A. **Influenza Season** – A recurring period of time each year determined by the CDC characterized by the prevalence of outbreaks of influenza.
- B. **MHS Entity** – MHS and any wholly-owned subsidiary of MHS, including wholly-owned acute care hospitals, retail clinics, imaging centers, and other locations that are staffed by employees of an MHS Entity.
- C. **Influenza Vaccination(s)** – The vaccination or vaccinations recommended for the current influenza season.

## III. SCOPE AND RESPONSIBILITY

This Policy applies to Memorial Health Services and its wholly-owned, tax-exempt subsidiaries ("MHS"), including, but not limited to, all MHS Entities, their staff, volunteers, medical staff, trainees, vendors and others.

## IV. POLICY

All employees and other individuals (other than visitors or individuals delivering items at the entrance of an MHS Entity) who are regularly on the premises of an MHS Entity must obtain an influenza vaccination during influenza season, except as provided in Paragraphs C and D below.



**V. PROCEDURES**

- A. MHS requires the following individuals to receive an influenza vaccination:
1. All employees of an MHS Entity (clinical and non-clinical).
  2. Medical Staff members and non-employee allied health professionals at each MHS Entity.
  3. Volunteers at each MHS Entity.
- B. MHS requires proof of an influenza vaccination for the following categories of individuals:
1. Individuals working in an MHS Entity as temporary and/or registry staff ("Temporary Staff").
  2. Medical students, residents and fellows assigned to an MHS Entity for training and education ("Trainees").
  3. Other students assigned to an MHS Entity for training and education ("Students").
  4. Independent contractors, such as contract maintenance and dietary services workers ("Contractors") and consultants working in an MHS Entity ("Consultants").
  5. Vendors and Suppliers, such as implant device vendors present during implant procedures, who are in proximity of any MHS Entity patients.
  6. Newly hired employees of an MHS Entity who opt not to obtain an influenza vaccination at the time of their pre-employment physical examination.
- C. If any individual listed in Paragraphs A or B does not demonstrate proof of receiving the required influenza vaccinations, he or she will be required to wear a surgical mask for the duration of the influenza season. In the case of employees who are unable to receive the vaccination due to medical or religious reasons, efforts will be made to reasonably accommodate them in accordance with applicable state and federal law.
- D. Employees who fail to obtain an influenza vaccination or wear a mask will be placed on administrative leave for the duration of the influenza season. Employees may use accrued paid time off (PTO) while on leave. Dependent upon business need and legal requirements, all positions cannot be guaranteed once the influenza season ends.
- E. Subject to availability, influenza vaccinations will be provided annually, or as appropriate, free of charge, through the employee health services department at each MHS Entity. Individuals may either receive the influenza vaccinations at an MHS Entity or provide written proof of receipt of the influenza vaccination from another source.
- F. Compliance with this Policy will be required by a date determined each year by the MHS Influenza Taskforce.
- G. Employees who do not receive an influenza vaccination will be asked to complete written declinations forms.

- H. A notation will be placed on the badges of all individuals who have received influenza vaccinations in order to better enable management to identify those individuals who require surgical masks. These notations must be displayed at all times.
- I. If an employee has a medical contraindication for an influenza vaccination, but still desires the vaccination, the employee will be directed to discuss it with his/her primary physician and the vaccination should be administered by the primary physician.
- J. Employees who are required to wear a surgical mask during work hours will be required to observe lunches and breaks in designated areas, where they are permitted to remove their mask.
- K. To assist with the tracking process during the influenza season, each MHS Entity will arrange for reports to be sent to update managers on the vaccination status of department staff.
- L. Each MHS Entity may seek to provide education to its workers on the following:
  - 1. The benefits of influenza vaccination;
  - 2. The potential health consequences of influenza illness for themselves, patients, and visitors; and
  - 3. Epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions & respiratory hygiene/cough etiquette).

Such education may occur either at the time of the annual vaccination activity, at the time of on-boarding at hire, as part of ongoing training and education, or any other combination.
- M. MHS will evaluate vaccination rates of personnel on an annual basis and document and report the reasons for failure to vaccinate

**REFERENCE/AUTHORITY:**

CA Senate Bill 739 (CA Health & Safety Code §1288.5 *et seq*)  
The Joint Commission  
CDC  
APIC





## Frequently Asked Questions

### Are we continuing the mandatory influenza protection program again this year?

- Yes, as we have shared in past years, influenza is a serious respiratory disease. According to the CDC, each year, 200,000 Americans are hospitalized due to flu-related complications, with as many as 49,000 deaths.
- Up to 50 percent of people with influenza have no symptoms, yet can still unknowingly "shed" the virus and be contagious which could thereby transmit it to others.
- A number of national experts consider mandatory vaccination a CORE patient safety initiative for all health care personnel (HCP). The Center for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), American Academy of Pediatrics, and more recently the American Hospital Association, have all taken the position that mandatory influenza vaccination programs are a core patient and HCP safety practice.
- MemorialCare is committed to providing extraordinary care and service to our communities and rely on a healthy workforce to do so. **So we will continue each year!**

### Are there any changes in MemorialCare's approach this influenza season from this past year?

- No major changes this year. We are still offering the "quadrivalent" vaccine versus the "trivalent." What this means is that instead of protecting against only three viruses, we will be providing protection against four strains, which will include an additional B virus. Otherwise, there are no noticeable differences as the vaccine volume and other characteristics are the same.
- We are also continuing the compliance date of November 1, for documentation of having been vaccinated or completing a declination. This was due to the local health department's requirements on dates. The written declination is required under California regulations by **November 1, 2015**. The **masking date** will remain as **December 1**, unless we see early influenza activity in the communities, and/or any additional requirements of the health departments.

### What will happen if I decline to be vaccinated and I am unable or decline to wear a mask at work?

Due to the risk to our patients, visitors and staff, we will require all unvaccinated staff who are unmasked to be on an unpaid leave of absence for the duration of the flu season. An employee's accrued paid time off (PTO) can be used while on this leave of absence. Dependent on business need and legal requirements, not all positions can be guaranteed once the influenza season ends.

### What if I have an egg allergy?

We now have an **"egg-free" vaccine** for those with documented severe egg allergies. Discuss this with your physician, but you should be able to receive the vaccine. Contact your employee health department to receive a dose.

## Why do I need to receive a vaccination on a yearly basis?

Influenza virus changes often, making annual vaccination necessary. Your immunity following vaccination is strongest for up to six months. In California, influenza usually begins circulating in early January and continues through February or March. The best "window" to receive vaccination is September – October.

*\*Anyone **pregnant** or who thinks they might be pregnant, should discuss pros and cons of these vaccines and any preservatives with their personal physician. **Please check with your doctor before coming to the vaccine clinic.***

## Can the vaccination give me the flu?

- Flu vaccines CANNOT cause the flu. The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal-spray vaccine). The flu vaccines work by priming your body's defenses in case you are exposed to an actual flu virus.
- Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

## Will MemorialCare reimburse me if I receive my vaccination at my doctor's office or other location?

We are providing vaccinations free of charge to our employees, volunteers and medical staff if received at our sites. Supplies are plentiful again this year, so we will not be reimbursing for vaccinations from other locations.

### *\* Immunization coverage for dependents under MemorialCare benefits*

*Employees or dependents who may have questions about benefit coverage for any immunization can call Anthem (for HMO plan members) at (855) 315-8923 or Aetna (for PPO plan members) at (877) 764-5771.*

## If I do not vaccinate and need to mask, when will I need to wear it?

You will need to wear the mask as soon as you enter a campus building and need to wear it until you leave the building(s) at the end of your work day.

## How will I eat my meals while wearing a mask?

Each campus will designate specific locations for unvaccinated staff to eat their meals. This will include the public cafeteria as well as staff lounges as long as you are eating. In the event we experience a heavy influenza season, we may need to make modifications to the plan at that time.

## What do I do if I need another mask?

Masks can be replaced as needed and will be readily available. Please refer to the "How to Wear a Mask" handout for additional information.

## How will this policy be enforced?

Staff who have been vaccinated (either by us or who bring in proof of vaccination) will receive a new colored special "dot" for their name badge, similar to program in prior years. Please be sure to display your sticker while in the workplace. Your sticker may last longer if you place inside the plastic protective holder.

**What about temporary workers and contract staff?**

We will require and provide vaccines to those temporary and contract staff assigned to us during the influenza season.

**What else can I do to protect myself and others from getting sick?**

- Remember to perform good hand hygiene or wash your hands frequently.
- Remember good cough etiquette by covering your nose and mouth (with a tissue or your sleeve).
- Stay home when you are sick, which will help you with your recovery and reduce the possibility of transmission to others at work.

Our system-wide Influenza Task Force continues to meet weekly and develop Best Practices for prevention, treatment, communication and emergency preparedness plans to keep us on track with this significant health care issue.

**For more information, please go to the influenza page on the intranet.**



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Healthcare Personnel Attire in Non-Operating-Room Settings

Author(s): Gonzalo Bearman MD MPH, Kristina Bryant MD, Surbhi Leekha MBBS MPH, Jeanmarie Mayer MD, L. Silvia Munoz-Price MD, Rekha Murthy MD, Tara Palmore MD, Mark E. Rupp MD and Joshua White MD

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## SHEA EXPERT GUIDANCE

# Healthcare Personnel Attire in Non-Operating-Room Settings

Gonzalo Bearman, MD, MPH;<sup>1</sup> Kristina Bryant, MD;<sup>2</sup> Surbhi Leekha, MBBS, MPH;<sup>3</sup> Jeanmarie Mayer, MD;<sup>4</sup>  
L. Silvia Munoz-Price, MD;<sup>5</sup> Rekha Murthy, MD;<sup>6</sup> Tara Palmore, MD;<sup>7</sup>  
Mark E. Rupp, MD;<sup>8</sup> Joshua White, MD<sup>9</sup>

Healthcare personnel (HCP) attire is an aspect of the medical profession steeped in culture and tradition. The role of attire in cross-transmission remains poorly established, and until more definitive information exists priority should be placed on evidence-based measures to prevent healthcare-associated infections (HAIs). This article aims to provide general guidance to the medical community regarding HCP attire outside the operating room. In addition to the initial guidance statement, the article has 3 major components: (1) a review and interpretation of the medical literature regarding (a) perceptions of HCP attire (from both HCP and patients) and (b) evidence for contamination of attire and its potential contribution to cross-transmission; (2) a review of hospital policies related to HCP attire, as submitted by members of the Society for Healthcare Epidemiology of America (SHEA) Guidelines Committee; and (3) a survey of SHEA and SHEA Research Network members that assessed both institutional HCP attire policies and perceptions of HCP attire in the cross-transmission of pathogens. Recommendations for HCP attire should attempt to balance professional appearance, comfort, and practicality with the potential role of apparel in the cross-transmission of pathogens. Although the optimal choice of HCP attire for inpatient care remains undefined, we provide recommendations on the use of white coats, neckties, footwear, the bare-below-the-elbows strategy, and laundering. Institutions considering these optional measures should introduce them with a well-organized communication and education effort directed at both HCP and patients. Appropriately designed studies are needed to better define the relationship between HCP attire and HAIs.

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Healthcare personnel (HCP) attire is an aspect of the medical profession steeped in culture and tradition. From Hippocrates's admonition that physicians' dress is essential to their dignity, to the advent of nurses' uniforms under the leadership of Florence Nightingale, to the white coat ceremonies that continue to this day in medical schools, HCP apparel and appearance is associated with significant symbolism and professionalism. Recent years, however, have seen a rising awareness of the potential role of fomites in the hospital environment in the transmission of healthcare-associated microorganisms. Although studies have demonstrated contamination of HCP apparel with potential pathogens, the role of clothing in transmission of these microorganisms to patients has not been established. The paucity of evidence has stymied efforts to produce generalizable, evidence-based recommendations, resulting in widely disparate practices and requirements that vary by country, region, culture, facility, and discipline. This document is an effort to analyze the available data, issue reasonable recommendations, and describe the

needs for future studies to close the gaps in knowledge on HCP attire.

## INTENDED USE

This document is intended to help acute care hospitals develop or modify policies related to HCP attire. It does not address attire in the operating room (OR), perioperative areas, or other procedural areas and is not intended to guide HCP attire in those settings or in healthcare facilities other than acute care hospitals.

## SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA (SHEA) WRITING GROUP

The writing group consists of volunteers among members of the SHEA Guidelines Committee, including those with research expertise on this topic.

Affiliations: 1. Virginia Commonwealth University, Richmond, Virginia; 2. University of Louisville, Louisville, Kentucky; 3. Department of Epidemiology and Public Health, University of Maryland, Baltimore, Maryland; 4. Division of Infectious Diseases, Department of Internal Medicine, University of Utah School of Medicine, Salt Lake City, Utah; 5. Departments of Medicine and Public Health Sciences, University of Miami, Miami, Florida; 6. Department of Hospital Epidemiology, Cedars-Sinai Medical Center, Los Angeles, California; 7. National Institutes of Health Clinical Center, Bethesda, Maryland; 8. University of Nebraska Medical Center, Omaha, Nebraska; 9. Virginia Commonwealth University, Richmond, Virginia.

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## KEY AREAS ADDRESSED

We evaluated and summarized the literature around 2 aspects of HCP attire (details are provided in "Methods"):

- I. Perception of both patients and HCP regarding HCP attire in relation to professionalism and potential risk for transmission of microorganisms.
- II. Evidence for contamination of HCP attire and the potential for HCP attire to contribute to the transmission of pathogenic microorganisms in hospitals.

In addition, we performed a survey of the SHEA membership and SHEA Research Network to learn more about the policies related to HCP attire that are currently in place in members' institutions.

GUIDANCE AND RECOMMENDATION  
FORMAT

Because this topic lacks the level of evidence required for a more formal guideline using the GRADE system, no grading of the evidence level is provided for individual recommendations. Each guidance statement is based on synthesis of limited evidence, theoretical rationale, practical considerations, a survey of SHEA membership and the SHEA Research Network, author opinion, and consideration of potential harm where applicable. An accompanying rationale is listed alongside each recommendation.

## GUIDANCE STATEMENT

There is a paucity of data on the optimal approach to HCP attire in clinical, nonsurgical areas. Attire choices should attempt to balance professional appearance, comfort, and practicality with the potential role of apparel in the cross-transmission of pathogens resulting in healthcare-associated infections (HAIs).

As the SHEA workgroup on HCP attire, we recommend the following:

- I. Appropriately designed studies should be funded and performed to better define the relationship between HCP attire and HAIs.
- II. Until such studies are reported, priority should be placed on evidence-based measures to prevent HAIs (eg, hand hygiene, appropriate device insertion and care, isolation of patients with communicable diseases, environmental disinfection).
- III. The following specific approaches to practice related to HCP attire may be considered by individual facilities; however, in institutions that wish to pursue these practices, measures should be voluntary and accompanied by a well-organized communication and education effort directed at both HCP and patients.
  - A. **"Bare below the elbows" (BBE):** This article defines BBE as HCP's wearing of short sleeves, no wristwatch,

no jewelry, and no ties during clinical practice. Facilities may consider adoption of a BBE approach to inpatient care as an infection prevention adjunct, although the optimal choice of alternate attire, such as scrub uniforms or other short-sleeved personal attire, remains undefined.

1. Rationale: While the incremental infection prevention impact of a BBE approach to inpatient care is unknown, this practice is supported by biological plausibility and studies in laboratory and clinical settings and is unlikely to cause harm.
- B. **White coats:** Facilities that mandate or strongly recommend use of a white coat for professional appearance should institute one or more of the following measures:
  1. HCP engaged in direct patient care (including house staff and students) should possess 2 or more white coats and have access to a convenient and economical means to launder white coats (eg, institution-provided on-site laundering at no cost or low cost).
    - i. Rationale: These practical considerations may help achieve the desired professional appearance yet allow for HCP to maintain a higher frequency of laundering of white coats.
  2. Institutions should provide coat hooks that would allow HCP to remove their white coat (or other long-sleeved outerwear) prior to contact with patients or the patient's immediate environment.
    - i. Rationale: This practical consideration may help achieve the desired professional appearance yet limit patients' direct contact with potentially contaminated attire and avoid potential contamination of white coats that may otherwise be hung on inappropriate objects in the hospital environment.
- C. **Other HCP apparel:** On the basis of the current evidence, we cannot recommend limiting the use of other specific items of HCP apparel (such as neckties).
  1. Rationale: The role played by neckties and other specific items of HCP apparel in the horizontal transmission of pathogens remains undetermined. If neckties are worn, they should be secured by a white coat or other means to prevent them from coming into direct contact with the patient or near-patient environment.
- D. **Laundering:**
  1. **Frequency:** Optimally, any apparel worn at the bedside that comes into contact with the patient or patient environment should be laundered after daily use. In our opinion, white coats worn during patient care should be laundered no less frequently than once a week and when visibly soiled.
    - i. Rationale: White coats worn by HCP who care for very few patients or by HCP who are infrequently involved in direct patient care activities may need to be laundered less frequently than white coats

worn by HCP involved with more frequent patient care. At least weekly laundering may help achieve a balance between microbial burden, visible cleanliness, professional appearance, and resource utilization.

2. **Home laundering:** Whether HCP attire for non-surgical settings should be laundered at home or professionally remains unclear. If laundered at home, a hot-water wash cycle (ideally with bleach) followed by a cycle in the dryer is preferable.

- i. **Rationale:** A combination of washing at higher temperatures and tumble drying or ironing has been associated with elimination of both pathogenic gram-positive and gram-negative bacteria.

- E. **HCP footwear:** All footwear should have closed toes, low heels, and nonskid soles.

1. **Rationale:** The choice of HCP footwear should be driven by a concern for HCP safety and should decrease the risk of exposure to blood or other potentially infectious material, sharps injuries, and slipping.

- F. **Identification:** Name tags or identification badges should be clearly visible on all HCP attire for identification purposes.

1. **Rationale:** Name tags have consistently been identified as a preferred component of HCP attire by patients in several studies, are associated with professional appearance, and are an important component of a hospital's security system.

- IV. **Shared equipment, including stethoscopes, should be cleaned between patients.**

- V. **No guidance can be offered in general regarding prohibiting items like lanyards, identification tags and sleeves, cell phones, pagers, and jewelry, but those items that come into direct contact with the patient or environment should be disinfected, replaced, or eliminated.**

## METHODS

Using PubMed/Medline, between the months of January and May 2013 we searched the English literature for articles pertaining to HCP attire in clinical settings focusing on areas outside the OR. We included all studies dealing with bacterial contamination and laundering of HCP attire, patients' and providers' perceptions based on the type of attire, and/or HCP footwear.

Additionally, we reviewed and compared hospital policies related to HCP attire from 7 large teaching hospitals, as submitted by members of the SHEA Guidelines Committee. Finally, between February and May 2013 we sent out a survey to all SHEA members to assess their institutional HCP attire policies (if any) and to determine their perceptions of HCP attire as a vehicle for potential transmission of pathogens.

## RESULTS

### I. Patients' Perceptions of HCP Attire

We identified 26 studies (published from 1990 onward) that examined patients' perceptions of HCP attire<sup>1-26</sup> (Table 1). Most (23/26) studies surveyed patient preference for different types of HCP attire<sup>1-6,8-18,20-25</sup> using either pictures of models in various dress styles<sup>3,4,7-9,15-18,20,22-24</sup> or descriptions of attire.<sup>1,5,11,14,21,25</sup> Four studies<sup>6,10,12,13</sup> asked patients to assess the attire of their actual physicians. Attire descriptions and terminology varied among studies (eg, "formal," "business," "smart," "suit and tie," and "dress") and will be referred to hereafter as "formal attire." We use "casual attire" to refer to anything other than formal attire.

- A. **Formal attire and white coats:** Most of the studies using pictures and models of HCP attire indicated patient preference for formal attire, which was favored over both scrubs<sup>1,3,7,9,18,22</sup> and casual attire.<sup>7,9,15,16,19,22</sup> However, several other studies revealed that physician attire was unlikely to influence patients' levels of comfort,<sup>4,20</sup> satisfaction, trust, or confidence in physicians' abilities,<sup>2,4,9,19,20,25</sup> even if patients previously had expressed a preference for one type of attire.<sup>4,9,20,25</sup>

Fifteen studies addressed white coats.<sup>1,4,7-9,11-17,20-22</sup> In 10 of these studies, patients preferred that physicians wear white coats,<sup>1,7-10,12,15-17</sup> and in 1 study patients reported feeling more confident in those physicians.<sup>8</sup> Similarly, 2 studies showed a significant association between the presence of a white coat, especially on a female physician, and patients' trust and willingness to share sensitive information.<sup>22</sup> Patients also indicated less comfort in dealing with an informally dressed physician,<sup>16</sup> describing a shirt and a tie as the most professional and desirable attire for physicians<sup>23-25</sup> in addition to an overall well-groomed appearance.<sup>5,15</sup> Moreover, the following items were deemed as inappropriate or undesirable: jeans,<sup>5,14</sup> shorts,<sup>15</sup> clogs,<sup>14,15</sup> and open-toed sandals.<sup>15</sup> In the remaining 5 studies, patients showed no clear predilection for one dress style over another or did not consider a white coat either necessary or expected.<sup>4,11,13,20,21</sup>

Five studies assessed patient satisfaction, confidence, or trust on the basis of their treating physicians' dress,<sup>2,6,10,12,13</sup> showing little response variations regardless of apparel. A survey of patients seen by obstetricians/gynecologists who were randomly assigned formal attire, casual attire, or scrubs found high satisfaction with physicians regardless of the group allocation.<sup>6</sup> Similarly, in a before-and-after trial, emergency department (ED) physicians were asked to wear formal attire with a white coat one week followed by scrubs the subsequent week. Using a visual analog scale, patients rated their physician's appearance, professionalism, and satisfaction equally regardless of the week of observation.<sup>13</sup> Another ED study found no difference in

TABLE 1. Studies of Patient and Healthcare Worker Perception of Healthcare Worker Attire (1990–2012)

Lead author, year (country)	Methodology	Findings
Ardolino, 2009 (UK) <sup>1</sup>	Survey ( <i>n</i> = 100): Pts Re: Preference for MD attire before/after awareness of BBE policy	Before BBE policy: prefer suit more than WC but WC preferred for junior MD, scrubs not preferred as unprofessional and difficult to distinguish MDs After BBE policy: prefer short-sleeve shirt without tie (older Pts); prefer scrubs (younger Pts)
Baevsky, 1998 (US) <sup>2</sup>	Survey ( <i>n</i> = 596): Urgent care Pts seen by MD in WC and on alternating days, scrubs vs formal attire Re: Satisfaction for courtesy, concern, skill, and likelihood Pt would return/recommend ED	No difference in satisfaction elements for scrubs vs formal attire WC ranked higher when MD broke protocol and did not wear, although when stratified by scrubs vs formal, higher mean ranks for WC noted only when MDs wore scrubs
Bond, 2010 (UK) <sup>3</sup>	Survey ( <i>n</i> = 160): ENT InPts, OutPts Re: Attitudes toward MD attire with photos of male MD in scrubs, formal, and BBE	Attitude, mannerism, and professionalism likely more important than attire Most professional: formal 72%, scrubs 23%, BBE 5% Most hygienic: formal 10%, scrubs 87%, BBE 3% Ease to identify as MD: formal 59%, scrubs 35%, BBE 6% Overall preference: formal 48%, scrubs 41%, BBE 11%
Cha, 2004 (US) <sup>4</sup>	Survey ( <i>n</i> = 184): OutPts in predominantly resident-run OB/GYN clinic Re: Preference for MD attire and confidence and comfort with photos of MD in various attire	Attire preference: no preference 60%, WC 38% Pt comfort level: attire does not affect 63% vs does affect 28% Confidence level in MD: attire does not affect 62% vs does affect 24% Mean scores for comfort and confidence levels decreased as attire moved from clinical/formal (scrubs/WC) to casual
Ditchburne, 2006 (UK) <sup>5</sup>	Survey ( <i>n</i> = 100): Public in hospital concourse Re: Attitudes to MD not wearing ties	93% did not object to tieless MD, but for staff more likely considered as professional factor Most important: wearing shirt and dress trousers (vs denim), being clean, tidy, formal, wearing clear identifications
Fischer, 2007 (US) <sup>6</sup>	Survey ( <i>n</i> = 1,136): Pts and OB/GYN MD before/after randomization of MD attire type Re: Pt satisfaction with MD attire; MDs asked for their preference	Pt satisfaction overall was high and did not change with different MD attire No difference for perceived MD competency and professionalism MD preference: 8 casual, 7 business, 5 scrubs
Gallagher, 2008 (Ireland) <sup>7</sup>	Survey ( <i>n</i> = 124): OutPts Re: Preference and ranking of MD attire with photos (formal, casual, WC, scrubs)	Prefer WC, formal, and semiformal vs scrubs and casual WC most preferred; scrubs and casual least preferred
Gherardi, 2009 (UK) <sup>8</sup>	Survey ( <i>n</i> = 511): InPts Re: Rated photos of MD in various attire to inspire confidence	WC ranked highest and most confidence inspiring All dress styles rated above neutral except casual (rated lower) Older Pts found scrubs less appealing
Gonzalez del Rey, 1995 (US) <sup>9</sup>	Survey ( <i>n</i> = 360): Parents of pediatric ED Pts shown pictures of MD dressed in various types of attire Re: Which doctor would they prefer for their child, does attire matter, do clothes affect trust in MD?	Most preferred attire: formal 44% ( <i>P</i> < .001) selected for all shifts but less likely selected for Pt seen by night shift Least preferred attire: casual without WC 64% ( <i>P</i> < .001) Overall, 69% of “most-liked” pictures had WC, and 89% of “least-liked” pictures did not have WC Pictures with scrubs favored by parents with children seen for surgical emergencies Majority did not consider most formally attired as most capable, did not matter how MD dressed and did not influence trust



- Hennessy, 1993 (UK)<sup>10</sup>  
 Survey ( $n = 110$ ): 2 groups of pre-op Pts, seen by same anesthetist, dressed formal vs casual  
 Re: Select adjectives to describe anesthetist/visit, graded 15 dress items as desirable, neutral, or undesirable
- Hueston, 2011 (US)<sup>11</sup>  
 Survey ( $n = 423$ ): OutPts  
 Re: Preference for MD attire before/after being informed of possible microbial contamination
- Ikusaka, 1999 (Japan)<sup>12</sup>  
 Survey: OutPts seen by groups of MD in WC or private clothes  
 Re: Pt tension/satisfaction, preference for MD attire
- Li, 2005 (US)<sup>13</sup>  
 Before/after trial ( $n = 111$ ) of Pt opinion in ED  
 Re: ED MDs wore WC/formal vs scrubs
- Major, 2005 (US)<sup>14</sup>  
 Survey ( $n = 410$ ): InPts, surgeons, and public  
 Re: Surgeons' attire
- Matsui, 1998 (Canada)<sup>15</sup>  
 Survey ( $n = 220$ ): OutPt pediatric children/parents  
 Re: Asked who they would like as their MD from photos of MD with and without WC; parents also rated attire appropriateness
- McKinstry, 1991 (UK)<sup>16</sup>  
 Survey ( $n = 475$ ): OutPts in 5 practices  
 Re: Pt acceptability for different styles of attire (photos of male and female MDs) for different attire and whether attire influenced their respect for MD
- Mistry, 2009 (UK)<sup>17</sup>  
 Survey ( $n = 200$ ): Pediatric dental parents/children  
 Re: Attitudes on MD attire using photos
- Monkhouse, 2008 (UK)<sup>18</sup>  
 Survey ( $n = 50$ ): Surgical Pts random survey (ER and elective admits)  
 Re: Attitudes toward dress (formal vs scrubs) before/after educational intervention on transmission of microorganisms on ties
- Nair, 2002 (Australia)<sup>19</sup>  
 Survey ( $n = 1,680$ ): InPts after discharge with crossover trial of MDs in varying attire  
 Re: Pt confidence/trust in MD in informal vs "respectable" attire
- No difference between adjective choices (professionalism, approachability) of anesthetist in formal vs casual dress  
 Desirability: name tag (90%), WC (66%), polished shoes (62%), short hair (57%), suit (36%) (suit and tie selected more likely desirable if viewed)  
 Undesirability: clogs (84%), jeans (70%), trainers (67%), earrings (64%), long hair (62%), open-necked shirt (36%)  
 Before education: no clear attire preference but did not favor scrubs (6%), poor agreement with Pt preference and what their MD wears  
 After education: decrease preference for WC/tie/formal attire  
 Conclusion: attire preferences may change with awareness for contamination  
 Tension: WC group 42%, private clothes group 33%  
 Satisfaction: no significant difference between attire groups  
 WC preference: WC group (older Pts more likely to prefer WC) 71%, private clothes group 39% ( $P < .001$ )  
 No significant difference in scores between 2 dress styles in appearance, satisfaction, or professionalism  
 WC necessary: surgeons 72%, InPts 69%, public 42%  
 Scrubs appropriate: surgeons 73%, InPts 41%, public 33% ( $P < .05$ )  
 Clogs appropriate: surgeons 63%, InPts 27%, public 18% ( $P < .05$ )  
 Denim appropriate: surgeons 10%, InPts 22%, public 31%  
 Selected MD in WC: children 69%, parents 66%  
 Most appropriate and favored: name tag, WC, well groomed  
 Neutral: scrubs, formal dress  
 Not favored: open-toed sandals, clogs, shorts  
 Formal dress favored (suit/tie or WC)  
 28% would be unhappy seeing one of MDs shown, more likely those dressed informally  
 64% thought how their MD dressed was important  
 Practice to which a Pt belonged was an independent factor in Pt choice of dress  
 WC and mask most popular overall but children favor casual attire  
 Formal WC preferred over pediatric coat by parents and children  
 Mask preferred over visor (eye contact potentially important)  
 Before education: prefer formal for professionalism and approachability; prefer scrubs for hygiene, equal for identifiability; prefer formal dress overall  
 After education: prefer scrubs (24% before to 62% after); formal preference decreased (52% before to 22% after)  
 Authors' conclusions: if rationale behind modes of surgical dress are explained, Pts are more likely to prefer scrubs to formal clothes  
 Pt confidence highest with "respectable" dress  
 Loss of WC or tie did not deteriorate confidence significantly  
 Informal dress protocol "affront to sensitivities" and presence of nose ring most deleterious

TABLE 1 (Continued)

Lead author, year (country)	Methodology	Findings
Niederhauser, 2009 (US) <sup>20</sup>	Survey (n = 328): Pts at naval OB/GYN clinic Re: Preference for MD attire and effect on comfort or confidence using pictures	86% neutral whether MD wore a WC 88% said attire did not impact confidence in MD ability Active-duty women were more likely than dependent wives to say MD attire influenced their comfort discussing general/sexual/psychological/personal topics Authors conclude active-duty women may withhold pertinent medical information (eg, personal, sexual history) due to intimidation from military uniform of officer MD Aspect of military uniform unique to this study “MD dress important”—strongly agree (reason: dress code instills confidence) “Your MD this admission dressed professionally”—strongly agree “Scrubs are acceptable form of dress”—strongly agree (reason: appears clean) “MD should wear WC”—strongly disagree (reason: sleeves might encourage infection spread, might induce fear and anxiety in Pts) “MD should wear ties”—strongly disagree (reason: unnecessary, uncomfortable) “Is it easy to distinguish between different grades of doctor based on their dress?”—strongly disagree (hard to differentiate MD vs the public) No Pts noticed dress code change prior to being informed of the change All Pts favored dress code change when the suggested impact on infection was explained Conclusions: MD attire important but necktie and WC not expected Preferences: professional attire with WC 76%, scrubs 10%, business dress 9%, casual 5% Trust and willing to share sensitive information significantly associated with professional attire (P < .001) Female MD dress significantly more important than male MD Before information: no significant difference between most attire except casual dress and short sleeves (considered less appropriate) After information: scrubs and short sleeves considered most appropriate, scrubs preferred for females Most professional: long sleeves/tie 77%, scrubs 22%, BBE 1% Greatest transmission risk: long sleeves/tie 30%, scrubs 33%, BBE 37% Preference for MD attire: long sleeves/tie 63%, scrubs 33%, BBE 4% Unaware of policy: 86% Attire preference: shirt/tie 63%, suits 22%, short sleeve shirt 6%, Pt trust high despite change to less preferred attire MD appearance important for Pt care: MDs/RNs 93%, InPts 83% (P < .001) Concerned with appearance of other provider but did not engage them: MDs 39%, RNs 43%, Pts 16% (P < .001) Concerned with appearance of other provider but did not engage them: MDs 39%, RNs 43%, Pts 16% (P < .001)
Palazzo, 2010 (UK) <sup>21</sup>	Survey (n = 75): InPts Re: Attitudes of MD attire Randomly chosen medical/surgical InPts rated 6 statements (modal responses provided) and provided reasons for importance of MD dress code; opinions solicited after education of new dress code policy	
Rehman, 2005 (US) <sup>22</sup>	Survey (n = 400): Pts/visitors in OutPt clinic Re: Preference, trust, willing to discuss sensitive issues with photos of MDs in various attire	
Shelton, 2010 (UK) <sup>23</sup>	Survey (n = 100): InPts Re: Rate MD attire with photos of male and female MDs before/after being informed of microbial contamination	
Baxter, 2010 (UK) <sup>24</sup>	Survey (n = 480): InPts Re: Attitudes toward MD attire using photos of male MDs in long sleeves/tie, scrubs, short sleeves Survey (n = NA): orthopedic InPts Re: Awareness/preference for recent BBE policy	
Toquero, 2011 (UK) <sup>25</sup>		
Garvin, 2012 (US) <sup>26</sup>	Survey (n = 1,494): InPts, MDs, RNs Re: Attitudes toward MD attire	

NOTE. BBE, bare below elbows; ED, emergency department; ENT, ear, nose, and throat; InPt, inpatient; MD, physician; NA, not provided; OB/GYN, obstetrics/gynecology; OutPt, outpatient; Pt, patient; RN, nurse; WC, white coat.



patients' satisfaction with the care provided when their physicians wore white coats combined with either scrubs or formal attire.<sup>2</sup> Similarly, 2 groups of patients who received preoperative care by the same anesthesiologist wearing either formal attire for one group of patients or casual attire for the other found no differences in patient satisfaction between the groups.<sup>10</sup> In contrast, one cross-over trial involving physicians dressed in "respectable" or formal versus "retro" or casual attire found that patient confidence and trust were higher with the respectable-dress protocol.<sup>19</sup> Another study evaluating the attire of patients' treating physicians indicated preference for polished shoes and short hair for men, with jeans, clogs, trainers, and earrings on men being rated as undesirable.<sup>10</sup> A survey among Japanese outpatients indicated a preference for white coats but no significant difference in satisfaction levels based on attire when presented with physicians wearing white coats or "noninstitutional clothes."<sup>12</sup>

- B. **BBE:** Preference for BBE was assessed in 6 studies originating in the United Kingdom following implementation of the nationwide BBE policy<sup>1,3,23-25</sup> and in 1 US study.<sup>11</sup> In these 7 reports, patients did not prefer short sleeves. After informing patients of the BBE policy, older patients were more likely to prefer short-sleeved shirts without ties, while younger patients favored scrubs.<sup>1</sup> After providing information about the potential for cross-contamination from shirt sleeve cuffs and neckties, responses changed from a preference for formal or long-sleeved attire to a preference for short sleeves or scrubs.<sup>11,18,23</sup> In addition, Shelton et al<sup>23</sup> also found an association between physician gender and BBE attire: after a statement informing the participants of the potential cross-transmission of microorganisms by attire, patients preferred scrubs for female physicians but did not differentiate between scrubs and short-sleeved shirts for male physicians.
- C. **Ties:** Neckties were specifically addressed in several studies from the United Kingdom.<sup>5,21,24</sup> In one study, patients reported that attire was important but that neckties were not expected.<sup>21</sup> Similarly, in a survey among individuals in the public concourse of a hospital, 93% had no objection to male physicians not wearing ties.<sup>5</sup> None of these studies evaluated neckties in the context of patients' perceptions of infection prevention.
- D. **Laundering of clothes:** In one study, patients identified "daily laundered clothing" as the single most important aspect of physicians' appearance.<sup>8</sup>
- E. **Other factors:** Several additional variables may influence patient preference for physician attire, including age of either the patient or the managing physician, gender of the practitioner, time of day, setting, and the attire patients are accustomed to seeing. In Japan, older patients were more likely to prefer white coats.<sup>12</sup> Similarly, older patients in England found scrubs less appealing than did younger patients.<sup>8</sup> Pediatric dental patients were more likely than

their parents to favor casual attire.<sup>17</sup> Patients preferred formal attire for senior consultants but thought that junior physicians should be less formal.<sup>1</sup> Patients identified female physicians' attire as more important than the attire worn by male physicians.<sup>22</sup> Formal attire was less desirable by patients seen during the night shift.<sup>9</sup> Parents of children being seen in the ED favored surgical scrubs. Additionally, 2 trials evaluated attire preference on the basis of what patients often see their HCP wearing. In one trial, patients accustomed to seeing their anesthesiologist in a suit were more likely to find suits and ties desirable.<sup>10</sup> Similarly, the practice to which a patient belonged was found to be an independent factor in the patient's choice of preferred attire;<sup>16</sup> however, another study found poor agreement between patient preferences and their physicians' typical attire.<sup>11</sup>

In summary, patients express preferences for certain types of attire, with most studies indicating a predilection for formal attire, including a white coat, but these partialities had a limited overall impact on patient satisfaction and confidence in practitioners. This is particularly true in trials that evaluated the effect of attire on patient satisfaction in real-world settings. Patients generally do not perceive white coats, formal attire, or neckties as posing infection risks; however, when informed of potential risks associated with certain types of attire, patients appear willing to change their preferences for physician attire.<sup>11,18</sup>

## II. HCP Perceptions regarding Attire

Few studies evaluated HCP preferences with regard to attire.<sup>5,6,14,26</sup> While most studies addressed specific elements of HCP attire, one looked at the overall importance of attire and found that 93% of physicians and nurses versus 83% of patients thought that physician appearance was important for patient care ( $P < .001$ ).<sup>26</sup>

- A. **White coats:** In a survey exploring perceptions of surgeons' apparel performed among surgeons themselves, inpatients, and the nonhospitalized public, all 3 groups were equally likely to consider a white coat necessary and blue jeans inappropriate. Surgeons were more prone to consider scrubs and clogs appropriate.<sup>14</sup> In another survey of 15 obstetricians/gynecologists, 8 preferred casual attire, while 7 preferred formal attire.<sup>6</sup> Three studies assessed HCP alongside patient perception of infection risk or lack of hygiene associated with white coats, formal attire, or neckties,<sup>3,24,26</sup> with one finding that HCP were more likely than patients to consider white coats unhygienic.<sup>26</sup>
- B. **Ties:** In a survey performed in a public concourse of a UK hospital, HCP were more likely than non-HCP to prefer physicians' wearing of neckties for reasons of professionalism.<sup>5</sup>
- C. **Laundering of clothes:** A recent survey showed that non-surgical providers preferentially (and without prompting)

laundered their scrubs every  $1.7 \pm 0.1$  days (mean  $\pm$  standard error) compared with white coats, which were laundered every  $12.4 \pm 1.1$  days ( $P < .001$ ); however, the reasons for this divergent behavior remain unclear.<sup>27</sup>

### III. Studies of Microbial Contamination of Apparel in Clinical and Laboratory Settings

No clinical studies have demonstrated cross-transmission of healthcare-associated pathogens from a HCP to a patient via apparel; however, a number of small prospective trials have demonstrated the contamination of HCP apparel with a variety of pathogens (Table 2).<sup>5,28-37</sup>

**A. White coats/uniforms:** The 5 studies we evaluated indicate that physician white coats and nursing uniforms may serve as potential sources of colonization and cross-transmission. Several studies described contamination of apparel with *Staphylococcus aureus* in the range of 5% to 29%.<sup>30,33-35,38</sup> Although gram-negative bacilli have also been identified, these were for the most part of low pathogenicity;<sup>30,35</sup> however, actual pathogens, such as *Acinetobacter* species, Enterobacteriaceae, and *Pseudomonas* species, have been reported.<sup>38</sup>

A number of factors were found to influence the magnitude of contamination of white coats and uniforms. First, the degree of contamination was correlated with more frequent usage of the coat,<sup>35</sup> recent work in the inpatient setting,<sup>34</sup> and sampling certain parts of the uniform. Higher bacterial loads were found on areas of clothing that were more likely to come into contact with the patient, such as the sleeve.<sup>35</sup> Additionally, the burden of resistant pathogens on apparel was inversely correlated with the frequency of lab coat change.<sup>38</sup> Apparel contamination with pathogenic microorganisms increased over the course of a single patient care shift. Burden et al<sup>28</sup> demonstrated that clean uniforms become contaminated within only a few hours of donning them. Similarly, a study testing nurses' uniforms at both the beginning and the end of their shifts described an increase in the number of uniforms contaminated with one or more microorganisms from 39% to 54%, respectively. The proportion of uniforms contaminated with vancomycin-resistant enterococci (VRE), methicillin-resistant *S. aureus* (MRSA), and *Clostridium difficile* was also noted to increase with shift work.<sup>33</sup>

In the first report of a positive correlation between contamination of hands and contamination of white coats, Munoz-Price et al<sup>39</sup> cultured the hands, scrubs, and white coats of intensive care unit staff. The majority of bacteria isolated from hands were skin commensals, but HCP were also found to have contamination of hands, scrubs, and white coats with potentially pathogenic bacteria, including *S. aureus*, *Enterococcus* species, and *Acinetobacter baumannii*. Among dominant hands, 17% of 119 hands were

contaminated with one of these species, and staff members with contaminated hands were more likely to wear a white coat contaminated with the same pathogen. This association was not observed with scrubs.

**B. BBE:** Two observational trials evaluated the bacterial contamination of HCP's hands on the basis of BBE attire versus controls, finding no difference in total bacterial counts or in the number of clinically significant pathogens.<sup>40,41</sup> In contrast, Farrington et al,<sup>42</sup> using a fluorescent method, examined the efficacy of an alcohol hand wash among BBE providers versus controls. The authors found decreased efficacy of hand hygiene at the wrist level in the non-BBE group, suggesting that the BBE approach may improve wrist disinfection during hand washing.

The United Kingdom has adopted a BBE approach, on the basis of the theory that it will limit patient contact with contaminated HCP apparel and to promote better hand and wrist hygiene. However, a randomized trial comparing bacterial contamination of white coats against BBE found no difference in total bacterial or MRSA counts (on either the apparel itself or from the volar surface of the wrist) at the end of an 8-hour workday.<sup>28</sup>

**C. Scrubs:** The use of antimicrobial-impregnated scrubs has been evaluated as a possible solution to uniform contamination. In a prospective, randomized crossover trial of 30 HCP in the intensive care unit setting,<sup>36</sup> when compared with standard scrubs, antimicrobial-impregnated scrubs were associated with a 4-7 mean log reduction in surface MRSA burden, although there was no difference in MRSA load on HCP hands or in the number of VRE or gram-negative bacilli cultured from the scrubs. The study did not assess the HAI impact of the antimicrobial scrubs.

**D. Ties:** Several studies indicated that neckties may be colonized with pathogenic bacteria, including *S. aureus*. Lopez et al<sup>31</sup> reported a significantly higher bacterial burden on neckties than on the front shirt pocket of the same subject. In 3 studies, up to 32% of physician neckties grew *S. aureus*.<sup>5,31,37</sup> Steinlechner et al<sup>37</sup> identified additional potential pathogens and commensals from necktie cultures, including *Bacillus* species and gram-negative bacilli. Two reports found that up to 70% of physicians admitted having never cleaned their ties.<sup>5,31</sup>

**E. Laundering of clothes:** Numerous articles published during the past 25 years describe the efficacy of laundering hospital linens and HCP clothing,<sup>44</sup> but most investigations of the laundering of HCP attire have employed in vitro experimental designs that may or may not reflect real-life conditions. A 2006 study<sup>45</sup> demonstrated that while clothes lost their burden of *S. aureus*, they concomitantly acquired oxidase-positive gram-negative bacilli in the home washing machine. These bacteria were nearly eliminated by tumble drying or ironing. Similarly, investigators found that recently laundered clothing material acquired gram-negative bacteria from the washing ma-

chine, which were subsequently eliminated by ironing. Another in vitro study in the United Kingdom compared the reduction of microorganisms on artificially inoculated nurses' uniform material after washing at various temperatures as well as with and without detergents. Washing uniforms contaminated with MRSA and *Acinetobacter* species at a temperature of 60°C, with or without detergent, achieved at least a 7-log reduction in the bacterial burden of both microorganisms.<sup>46</sup> There is no robust evidence that centralized industrial laundering decontaminates clothing more effectively than home laundering.<sup>43</sup>

- F. **Footwear:** Although restrictions on HCP footwear are influenced by a desire to meet patients' preferences for appropriate attire,<sup>10,14,15</sup> most are driven by concerns for HCP safety.<sup>47-50</sup> Studies have found that wearing of shoes with closed toes, low heels, and nonskid soles can decrease the risk of exposure to blood or other potentially infectious material,<sup>47,48,50,51</sup> sharps injuries,<sup>48,50,52</sup> slipping,<sup>50</sup> and musculoskeletal disorders.<sup>49</sup>

Casual, open footwear, such as sandals, clogs, and foam clogs, potentially expose feet to injury from dropped contaminated sharps and exposure to chemicals in healthcare facilities. A comparison of needlestick injury surveillance data from the standardized Exposure Prevention Information Network program revealed a higher proportion of hollow-bore needle injuries to the feet of Japanese HCP, with 1.5% of 16,154 total injuries compared with 0.6% of 9,457 total injuries for US HCP (2.5 times higher;  $P < .001$ ).<sup>48</sup> Although multiple factors were linked to these injuries, one included the common practice in Japan to remove outdoor shoes and replace them with open-toed slippers on hospital entry.

Footwear is an area of increased concern in the OR. The Association of periOperative Registered Nurses (AORN) recommends that OR footwear have closed toes as well as backs, low heels, and nonskid soles to prevent slipping.<sup>50</sup> The US Occupational Safety and Health Administration (OSHA) requires the use of protective shoes in areas where there is a danger of foot injuries from falling objects or objects piercing the soles.<sup>47</sup> One study that measured the resistance of shoes to penetration by scalpels showed that of the 15 pairs of shoes studied, only 6 were made of material that was sharp resistant, including sneaker suede, suede with inner mesh lining, leather with inner canvas lining, nonpliable leather, rubber with inner leather lining, and thicker rubber.<sup>52</sup> The OSHA bloodborne pathogens standard mandates that employers determine the workplace settings in which gross contamination with blood or body fluids is expected, such as the OR, and to provide protective shoe coverings in those settings.<sup>47,48,50,51</sup> Shoe covers are not meant to prevent transmission of bacteria from the OR floor; in fact, preliminary data show that the OR floor may play a dynamic role in the horizontal transmission of bacteria due to frequent floor contact of objects that then directly touch the patient's body (eg,

intravenous tubing, electrocardiogram leads).<sup>53</sup>

When HCP safety concerns or patient preference conflict with a HCP's desire for fashion, a facility's dress code can be the arbiter of footwear. OSHA allows employers to make such dress code determinations without regard to a worker's potential exposure to blood, other potentially infectious materials, or other recognized hazards.

#### IV. Outbreaks Linked to HCP Apparel

Wright et al<sup>54</sup> reported an outbreak of *Gordonia* potentially linked to HCP apparel. In this report, postoperative sternal wound infections with *Gordonia bronchialis* in 3 patients were linked to a nurse anesthetist. *Gordonia* was isolated from the HCP's scrubs, axillae, hands, and purse and from multiple sites on the HCP's roommate.

#### V. Studies from Developing Countries

In Nigeria, factors identified increasing the likelihood of bacterial contamination of white coats included daily laundering and use limited to patient care rather than nonclinical duties.<sup>55</sup> In India,<sup>56</sup> medical students' white coats were assessed for bacterial contamination, paired with surveys about laundering habits and attitudes toward white coats. Coats were contaminated most frequently with *S. aureus*, followed by *Pseudomonas* species and coagulase-negative staphylococci. A similar trial of white coats used by staff in a rural dental clinic also revealed predominantly gram-positive contamination.<sup>57</sup>

#### VI. Hospital Policies Addressing HCP Attire

We reviewed and compared policies related to HCP attire from 7 large teaching hospitals or health systems. In general, policies could be categorized into 2 groups:

- A. General appearance and dress of all employees
- B. Standards for HCP working in sterile or procedure-based environments (OR, central processing, procedure areas, etc)

Policies were evaluated for the following elements:

- A. Recommended clothing (eg, requirement for white coats, designated uniforms) or other options (eg, BBE)
- B. Guidance regarding scrubs
- C. Use of name tags
- D. Wearing of ties
- E. Requirements for laundering or change of clothing
- F. Footwear and nonapparel items worn or carried by HCP
- G. Personal protective equipment

All institutions' human resources policies outlined general appearance or dress code requirements for professional standards of business attire; however, institutions varied in job-specific policies and for the most part did not address more specific attire requirements except for OR-related activities. Few institutional policies included enforcement provisions. The institutions that required accountability varied from de-



TABLE 2. Apparel and Microbial Burden: Review of Studies in Laboratory and Clinical Settings

Lead author, year	Methodology	Findings
Bearman, 2012 <sup>36</sup>	Prospective crossover trial of HCWs in ICU ( <i>n</i> = 30) Randomized to antimicrobial vs control scrubs Samples obtained from scrub abdominal area, pocket, and hands weekly	HCW scrubs colonized during course of Pt care with MRSA Antimicrobial scrubs associated with a 4–7 mean log reduction in MRSA but not VRE or GNR No differences in bacterial hand burden or in HCWs with unique positive scrub cultures
Burden, 2011 <sup>28</sup>	Randomized trial comparing contamination on regular (dirty) WC vs short-sleeved UK-style MD uniform laundered daily	No data reported on cross-transmission to Pts No significant difference in bacterial burden between dirty WCs and recently washed uniforms; clean uniforms contaminated within few hours of donning No information on frequency WCs were washed or hand hygiene rates Suggests no microbiological advantage of BBE No significant difference in bacterial counts (many skin commensals, no MRSA) between groups
Burger, 2011 <sup>40</sup>	Prospective observational study ( <i>n</i> = 66) MDs from multiple specialties (38 BBE, 28 were not) volunteered without notice during normal work day Agar imprints of fingers, palms, wrists, and forearms, repeated after hand hygiene; imprints of cuffs of those not BBE	Some MDs had higher counts after HH Large variation in number of colonies cultured Authors conclude “no difference in density or type of baseline flora on hands and forearms irrespective of dress code” HH reduced colony counts from fingertips, palms, and wrists in all groups MD ties capable of carrying bacteria, including MRSA: 40% of ties grew MSSA (1 with MRSA) 70% had never laundered tie 93% had no objection to not wearing ties Authors suggest substitute other attire for ties to preserve professional image No data reported on cross-transmission to Pts No significant difference found between 2 groups in percentage area of hands missed The non-BBE group missed more wrist vs BBE group ( <i>P</i> < .002) Mean percent area missed on wrists significantly higher than hands in both groups ( <i>P</i> < .001)
Ditchburne, 2006 <sup>3</sup>	MD ties cultured ( <i>n</i> = 40)	Strengths: high participation rate without dropouts, single investigator created hand diagrams Weaknesses: Hawthorne effect Author conclusions: BBE did not affect quality of HH, and although BBE improved wrist washing, the clinical significance is uncertain HCW apparel frequently contaminated with MRSA 27%–80% MRSA recovery from “waist zone”; 18%–60% MRSA recovery from “pocket zone” Authors stressed HH to limit cross-transmission from apparel to Pts via HCW hands No data reported on cross-transmission to Pts
Farrington, 2009 <sup>42</sup>	BBE vs non-BBE randomized trial of MD ( <i>n</i> = 58) and medical students ( <i>n</i> = 61) at a 900-bed teaching hospital Participants cleaned hands using alcohol, with areas fluorescing by UV light considered “missed” and recorded on a standard hand diagram	
Gaspard, 2008 <sup>29</sup>	Descriptive study of staff clothing in 3 LTCFs Uniforms ( <i>n</i> = 256) from 90 RNs, 166 care partners sampled from waist zone pocket and between pockets	

Jacob, 2007 <sup>43</sup>	Department of Health Working Group on Uniforms and Laundry: evidence-based document on wearing and laundering uniforms from 2 literature reviews (Thames Valley University and University College London Hospital NHS Trust)  Examined role of uniforms in infection transfer, efficacy of laundry practices in removing contamination, how uniforms affect image of individual and organizations	No conclusive evidence that uniforms pose a significant hazard to spread infection Public does not like seeing hospital staff in uniform outside workplace All components of properly designed and operated laundering help to remove/kill microorganisms on fabric Ten-minute wash at 60°C sufficient to remove most microorganisms Detergents can remove many microorganisms from fabrics at lower temperature (eg, MRSA removed at 30°C) No conclusive evidence for difference between commercial or domestic laundering to remove microorganisms Authors provide list of good (and poor) practice examples with reasons: • Good practice example: "Dress in a manner which is likely to inspire public confidence" • Poor practice example: "Wear false nails for Pt care" MSSA recovered from back, pocket, and sleeves Students report occasional or infrequent WC laundering Authors suggest hospitals provide laundered WCs for students No data reported on cross-transmission to Pts 16 participants had never cleaned their tie; 20 participants could not remember when tie last cleaned Bacterial counts from ties significantly higher than those paired from shirts Significant fraction of physicians (16) had <i>Staphylococcus aureus</i> isolated from clothes Apparel infrequently laundered (ties) associated with higher bacterial burden No data reported on cross-transmission to Pts Study with PFGE linking environmental isolates, gowns/gloves, and Pts in >80% of cases ( <i>Acinetobacter</i> , <i>MDR Pseudomonas</i> , MRSA) Contamination of gowns/gloves during care of MDRO Pts most frequent with <i>A. baumannii</i> Environmental contamination major determinant of transmission to HCW gloves/gowns Environmental cultures related to gowns/gloves more than clothing MRSA, VRE, and <i>Clostridium difficile</i> recovered Bacterial contamination of hospital-supplied apparel present at start of shift and increased by end of shift: • Start shift: 39% of uniforms positive with ≥1 microorganism • End shift: 54% of uniforms positive with ≥1 microorganism All uniforms laundered at home No data reported on cross-transmission to Pts Contaminated inanimate surfaces (eg, laminates, textiles) associated with bacterial transfer to fingers: <i>Escherichia coli</i> , <i>Salmonella</i> species, MSSA Ties of orthopedic surgeons heavily colonized with pathogens 295 bacterial isolates: 45% were <i>Bacillus cereus</i> , CNS, GNRS, <i>S. aureus</i> No data reported on cross-transmission to Pts
Loh, 2000 <sup>30</sup>	Random sample ( $n = 100$ ) Cultured medical students' WCs	
Lopez, 2009 <sup>31</sup>	Sampled shirts/ties from internists/surgeons ( $n = 25/25$ ) for paired bacterial counts	
Morgan, 2012 <sup>22</sup>	Cohort study of sequential HCW interaction with Pts with culture of gowns/hands linked to environmental cultures	
Perry, 2001 <sup>33</sup>	Cross-sectional sample ( $n = 57$ ) Bacterial contamination across 5 services Sampled belt area—hern at start vs end of shift	
Scott, 1990 <sup>38</sup>	In vitro experiment: bacterial transfer from laminate surfaces and cloths to hands	
Steinlechner, 2002 <sup>37</sup>	Cohort of orthopedic surgeons ( $n = 26$ ) Sampled ties for bacterial growth	



TABLE 2 (Continued)

Lead author, year	Methodology	Findings
Treacle, 2009 <sup>34</sup>	Cross-sectional study Attendees ( <i>n</i> = 149) of medical and surgical grand rounds at a large teaching hospital Sampled WCs for growth	34 (23%) WCs grew <i>S. aureus</i> ; 6 (18%) were MRSA No VRE recovered Large fraction of HCP WCs contaminated with <i>S. aureus</i> , including MRSA WCs may be vectors of <i>S. aureus</i> transmission No data reported on cross-transmission to Pts Nearly all HCW clothing heavily contaminated with skin flora, 63% with potential pathogens ( <i>Acinetobacter</i> species, <i>S. aureus</i> , Enterobacteriaceae) No data reported on cross-transmission to Pts No significant difference in either CFU or pathogens in BBE vs no BBE No MDRO cultured from MD hands Participants not given an opportunity for hand hygiene prior to enrollment Study does not identify group for the 50% of MDs who wore uniforms with antibacterial properties
Wiener-Well, 2011 <sup>36</sup>	Cross-sectional convenience sample of MDs/RNs ( <i>n</i> = 135) with survey and cultures of uniforms/WC	Authors concluded that BBE per se does not have impact on degree of contamination on MD hands and BBE initiative should not divert from other important measures, such as hand hygiene, appropriate Pt : RN ratios HCW uniforms and WCs can become progressively contaminated with bacteria of low pathogenicity (from HCWs) and mixed pathogenicity (from environment) Data do not support role of apparel as vehicles for cross-transmission 25% MSSA contamination of WCs for both physicians and surgeons (cuffs, pockets) Degree of contamination associated with increased frequency of WC usage No data reported on cross-transmission to Pts Same species in RN anesthetist, her clothing, her roommate, and her roommate's clothing; home laundering of scrubs implicated (but not confirmed) as origin of staff clothing colonization Reminder that home laundering scrubs can be problematic
Willis-Owen, 2010 <sup>41</sup>	Prospective, cross-sectional, observational study ( <i>n</i> = 92) Agar imprints of MD hands from multiple specialties during normal work day (49 BBE, 43 not) No. of CFU graded light (<10), moderate (10–20), or heavy (>20) with presence of pathogens recorded	
Wilson, 2007 <sup>39</sup>	Systematic review of published literature	
Wong, 1991 <sup>35</sup>	Cross-sectional survey Bacterial contamination of WCs in a British hospital	
Wright, 2012 <sup>54</sup>	Outbreak report Cluster of 3 Pts with deep sternal wound infections due to <i>Gordonia</i> species	

NOTE. BBE, bare below elbows; CNS, coagulase-negative staphylococci; GNR, gram-negative rod; HAL, healthcare-associated infection; HCP, healthcare personnel; HCW, healthcare worker; HH, hand hygiene; ICU, intensive care unit; InPt, inpatient; LTCE, long-term care facility; MD, physician; MDR, multidrug resistant; MDRO, multidrug-resistant organism; MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *S. aureus*; NHS, National Health Service; OutPt, outpatient; PFGE, pulsed-field gel electrophoresis; Pt, patient; RN, nurse; VRE, vancomycin-resistant enterococci; WC, white coat.

tailoring the supervisor's administrative responsibilities to more specific consequences for employee noncompliance.

Three institutions recommended clothing (such as color-coded attire) for specific types of caregivers (eg, nurses, nurses' assistants, etc). Policies specific to clinical personnel were most frequently related to surgical attire, including scrubs, use of masks, head covers, and footwear in restricted and semirestricted areas and surgical suites, and to central processing, as consistent with AORN standards. Scrubs were universally provided by the hospital in these settings. Laundering policies clearly indicated that laundering of hospital-provided scrubs was to be performed by the hospital or at a hospital-accredited facility. Use of masks, head covers, footwear, and jewelry were generally consistent with AORN standards.

Excluding surgical attire, only one institution provided guidance specific to physicians, outlining a recommendation for BBE attire during patient care. This policy specified not to use white coats, neckties, long sleeves, wristwatches, or bracelets. Institutional policies also varied in recommendations for laundering and change of clothing other than for surgical attire. No specific guidance was issued for other uniforms, other than cleanliness and absence of visible soiling; however, one institution referred to infection control specifications for maintenance of clothing. Guidance regarding frequency of clothing change was variable for scrubs, from nonspecific requirements (eg, wearing freshly laundered surgical attire on entry to restricted/semirestricted areas) to specific requirements (clean scrubs once per shift to once daily and if visibly soiled). In addition, most policies included instructions for HCP to remove scrubs and change into street clothes either at the end of the shift or when leaving the hospital or connected buildings.

## VII. Survey Results

A total of 337 SHEA members and members of the SHEA Research Network (21.7% response of 1,550 members) responded to the survey regarding their institutions' policies for HCP attire. The majority of respondents worked at hospitals (91%); additional facilities included freestanding children's hospitals (4%), freestanding clinics (1%), and other facility types (5%), such as long-term acute care hospitals, multihospital systems, short-term nursing facilities, and rehabilitation hospitals (rounding of numbers accounts for the sum of percentages being greater than 100). The majority of responses were from either university/teaching hospitals (39%) or university/teaching-affiliated hospitals (28%). We received additional responses from nonteaching hospitals (24%), Veterans Affairs hospitals (3%), specialty hospitals (2%), and miscellaneous facilities (4%).

Enforcement of HCP attire policies was low at 11%. A majority of respondents (65%) felt that the role of HCP attire in the transmission of pathogens within the healthcare setting was very important or somewhat important.

Only 12% of facilities encouraged short sleeves, and 7% enforced or monitored this policy. Pertaining to white coats, only 5% discouraged their use and, of those that did, 13% enforced or monitored this policy. For watches and jewelry, 20% of facilities had a policy encouraging their removal. A majority of respondents (61%) stated that their facility did not have policies regarding scrubs, scrub-like uniforms, or white coats in nonclinical areas. Thirty-one percent responded that their hospital policy stated that scrubs must be removed before leaving the hospital, while 13% stated that scrubs should not be worn in nonclinical areas. Neckties were discouraged in 8% of facilities, but none monitored or enforced this policy.

Although 43% of respondents stated that their hospitals issued scrubs or uniforms, only 36% of facilities actually laundered scrubs or uniforms. A small number of hospitals provided any type of guidance on home laundering: 13% provided specific policies regarding home laundering, while 38% did not.

In contrast to other items of HCP attire, half of facilities required specific types of footwear, and 63% enforced and/or monitored this policy.

## DISCUSSION

Overall, patients express preferences for certain types of attire, with most surveys indicating a preference for formal attire, including a preference for a white coat. However, patient comfort, satisfaction, trust, and confidence in their physicians is unlikely to be affected by the practitioner's attire choice. The ability to identify a HCP was consistently reported as one of the most important attributes of HCP attire in studies. This was particularly true in studies that evaluated the effect of attire of actual physicians on patient satisfaction in a real-world setting rather than those assessing the influence of physician attire on patient satisfaction in the abstract. Patients generally did not perceive white coats, formal attire, or ties as posing infection risks; however, when informed of potential risks associated with certain types of attire, patients were willing to change their preferences for physician attire.<sup>11,18</sup>

Data from convenience-sample surveys and prospective studies confirm that contamination occurs for all types of HCP apparel, including scrubs, neckties, and white coats, with pathogens such as *S. aureus*, MRSA, VRE, and gram-negative bacilli. HCP apparel can hypothetically serve as a vector for pathogen cross-transmission in healthcare settings; however, no clinical data yet exist to define the impact of HCP apparel on transmission. The benefit of institutional laundering of HCP scrubs versus home laundering for non-OR use remains unproven. A BBE approach is in effect in the United Kingdom for inpatient care; this strategy may enhance hand hygiene to the level of the wrist, but its impact on HAI rates remains unknown.

Hospital policies regarding HCP attire were generally consistent in their approach to surgical attire; however, general

dress code policies varied from guidance regarding formal attire to use of job-specific uniforms. Laundering and change of clothing was also not consistently addressed other than for surgical attire. Finally, accountability for compliance with the attire policies by HCP and supervisors was not routinely included in the policies.

#### AREAS FOR FUTURE RESEARCH

- I. Determine the role played by HCP attire in the horizontal transmission of nosocomial pathogens and its impact on the burden of HAIs.
- II. Evaluate the impact of antimicrobial fabrics on the bacterial burden of HCP attire, horizontal transmission of pathogens, and HAIs. Concomitantly, a cost-benefit analysis should be conducted to determine the financial merit of this approach.
- III. Establish the effect of a BBE policy on both the horizontal transmission of nosocomial pathogens and the incidence of HAIs.
- IV. Explore the behavioral determinants of laundering practices among HCP regarding different apparel and examine potential interventions to decrease barriers and improve compliance with laundering.
- V. Examine the impact of not wearing white coats on patients' and colleagues' perceptions of professionalism on the basis of HCP variables (eg, gender, age).
- VI. Evaluate the impact of compliance with hand hygiene and standard precautions on contamination of HCP apparel.

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Address correspondence to Gonzalo Bearman MD, MPH, Virginia Commonwealth University, Internal Medicine, Richmond, VA 23298 (gbearman@mcvh-vcu.edu).

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**LONG BEACH MEMORIAL  
COMMUNITY HOSPITAL LONG BEACH**  
**Miller Children's Hospital Long Beach**  
 **MEMORIALCARE HEALTH SYSTEM**

**Attention All Managers**

**New badge reel and watch distribution pick up**

**Monday December 1, 2014**

**9:00 a.m. - 12 noon**

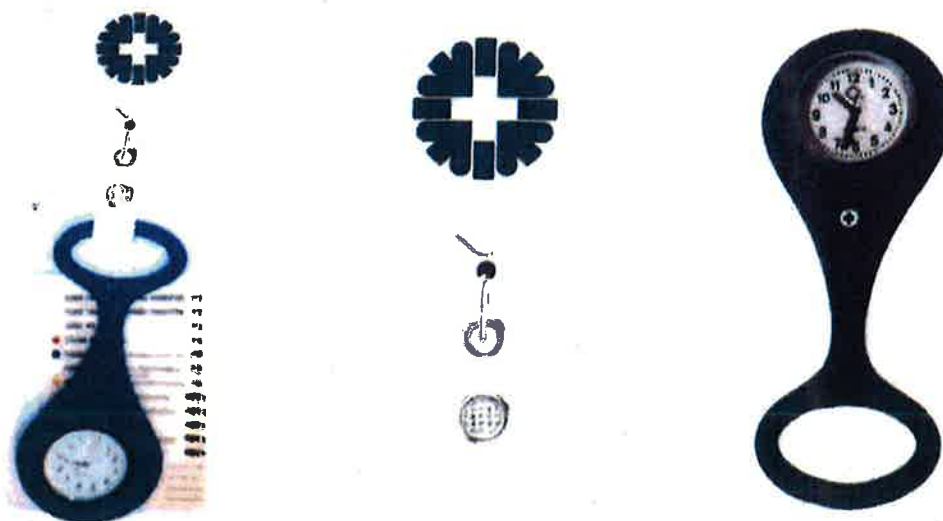
**The Music Room/Plush Pantry**

**Look for the Fontis Solutions representative**

**Only managers or your representative will  
be allowed to pick up your department  
bundle of watches and reels**

**(Please do not send individual employees for pick up)**

**In compliance with the new policy *Uniform and Infection  
Prevention Standards for Direct Care Providers* and The  
Bare Below the Elbows approach, effective December 1,  
2014, all Direct patient contact providers will receive one  
badge reel and watch**





# Uniform Fitting Days

## Calling All Direct Patient Contact Providers

### Oct. 13, 14, 15

Fontis Solutions will be hosting uniform fitting days in October. Fitting days are **not mandatory** but are an excellent opportunity to see samples and try on different sizes.

**\* Please Note:** On Oct. 13, 14, 15, **only RNs and EDTs** will be able to place their uniform orders for the **Phase 1, "Go-Live" on Dec. 1.**



### Fitting Days - All Direct Patient Contact Providers

- ◆ **Mon. - Wed.; Oct. 13, 14, 15**
- ◆ **Time: 7 a.m. - 10 p.m.**
- ◆ **Location: Conference Room F**

**RNs/EDTs:** Due to the upcoming holiday season, Order by **Oct. 22** to guarantee delivery for **Dec. 1**.

### Helpful Tips for Uniform Fitting Day:

- ⇒ All RNs and EDTs must wear approved uniforms by **Monday, Dec. 1, 2014.**
- ⇒ Long Beach Memorial and Miller Children's are adopting a "Bare Below the Elbow (BBE)" approach to prevent hospital acquired infections in all patient care areas for intra-operative areas (OR). All direct patient contact providers must comply the infection prevention policy starting **Monday, Dec. 1.**
- ⇒ RNs/EDTs order by **Wednesday, Oct. 22** to guarantee delivery for "Go-Live."
- ⇒ On **Oct. 13, 14, 15**, Fontis will accept orders from **RNs/EDTs only.**
  - \* All other direct patient contact providers are invited to preview different styles, try on sizes and fill out an order form to process after **Jan. 1, 2015.**
  - (PT/OT/ST/PST/PCA/CA/Phlebotomists)
- ⇒ **RN/EDT express check out lane**, fitting rooms, online ordering and help will be available.
- ⇒ **Please Note:** Once purchased, uniforms are **not returnable.**



LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach

For more information, visit  
Uniform Store Front intranet  
or speak with your manager.

# Makeup Uniform Fitting Day

## RNs and EDTs Only

### Tuesday, Nov. 11

Did you miss the uniform fitting days? Still want to see samples or need help ordering? Fontis Solutions will be hosting a makeup uniform fitting day for RNs and EDTs on **Tuesday, Nov. 11**.

\* **Please Note:** On Nov. 11, **only RNs and EDTs** will be able to place their uniform orders.



## Makeup Uniform Fitting Day

- ◆ **Tuesday, Nov. 11**
- ◆ **Time: 7 a.m. - 10 p.m.**
- ◆ **Location: Houssels Forum**

✓ Uniform samples  
✓ Fitting rooms  
✓ Online ordering  
✓ In-person help will be available

### Helpful Tips:

- ⇒ All RNs and EDTs must wear approved uniforms by **Monday, Dec. 1**.
- ⇒ Fitting days are **not mandatory** but are an excellent opportunity to see samples and try on different sizes.
- ⇒ Long Beach Memorial and Miller Children's are adopting a "Bare Below the Elbows" (BBE) approach to prevent hospital acquired infections in all patient care areas except for intra-operative areas (OR). All direct patient contact providers must comply with the infection prevention policy starting **Monday, Dec. 1**.
- ⇒ **Please Note:** Once purchased, uniforms are **not** returnable.



LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach



MEMORIALCARE HEALTH SYSTEM

For more information, visit the  
Uniform Store Front intranet page  
or speak with your manager.



# “Bare Below the Elbows” for Direct Patient Contact Providers Effective: Monday, Dec. 1

Long Beach Memorial and Miller Children's & Women's Hospital Long Beach is adopting a **“Bare Below the Elbows” (BBE)** approach to prevent hospital acquired infections in all patient care areas **except** for intra-operative areas (OR).



The BBE approach is shown to improve disinfection during hand washing. Because it is not feasible to disinfect or replace sleeves, lanyards, and watches between patients these items are part of the BBE prohibited items.

The direct patient contact provider's forearms need to be accessible for hand washing. The only jewelry allowed below the elbow is a solid, stone-free band ring).

- ✓ The hospital is supplying one retractable badge holder and one watch per employee for free (one-time only). This will be included in your first Uniform Store Front order.
- ✓ Additional badge holders can be purchased at the Uniform Store Front.
- ✓ Please reference the “Uniform and Infection Prevention Standards for Direct Patient Contact Providers” Policy for more information.



LONG BEACH MEMORIAL  
Miller Children's & Women's  
Hospital Long Beach



MEMORIALCARE HEALTH SYSTEM

For more information, visit the  
Uniform Store Front intranet page  
or speak with your manager.



CALIFORNIA  
NURSES  
ASSOCIATION

## LBMMC / MCH RN ALERT

November 21, 2014

# Negotiations—Uniform Policy

On Friday, November 14th, LBMMC & MCH Nurse Representatives met with the Employer to discuss the proposed changes to the Dress Code Policy and the plan to implement hospital wide uniforms. The team addressed concerns provided by nurses, including but not limited to:

- The validity of the Bare Below the Elbows (BBE)-The Shea study provided no evidence of a reduction to infection rates even though it is cited in the uniform policy as the Employer justification for the change. The Employer refused to respond on the issue.
- Religious accommodation- The Employer was only able to provide that they would address religious concerns on a case-by-case basis. We asked for them to accommodate all religious exceptions. We requested more information.
- Shoes— We asked for clarification. This is flexible as long as the entire shoe is not a neon color.
- Jackets— The need for RNs to be able to wear jackets, as necessary. Due to the cold environment in the facility. Again, the Shea study provided no evidence that jackets would increase infection rates.
- Wristwatches—Discussed concern regarding the proposed clip on watch to be worn at lapel level. The Employer provided they are looking at having the lapel watch on a retractable holder to make it easier to have the watch viewed closer to patient and charting.
- Memorial logo—The policy requires that only Memorial logos may be worn. With one exception: Magnet. They are trying to restrict RNs from wearing their CNA badge holders, stickers, etc. We will continue to pursue the issue. This is protected by the National Labor Relations Act.
- Snap & Maternity tops— Maternity tops are available but would be in addition to non-maternity scrubs. Employer will look into snap front scrubs.



The Employer has committed to get back to us on all unresolved issues this week.

For questions pertaining to negotiations or how to get involved, contact your unit Nurse Representative or CNA staff Cynthia Hanna at (562) 244-9502.

Pro-Patient... Pro-Nurse... Progress.



CALIFORNIA  
NURSES  
ASSOCIATION

LONG BEACH MEMORIAL  
Miller ~~Children's~~ Hospital  
Long Beach



December 3, 2014

Cynthia Hanna  
California Nurses Association  
225 West Broadway, Suite 500  
Glendale, CA 91204

RE: Uniforms

Dear Ms. Hanna,

This letter is in response to our meeting held on Friday, November 14<sup>th</sup> 2014, in which the union brought forth issues with the uniform policy that went into effect on December 1, 2014.

1. **Below the elbow:** The union is requesting that the below the elbow practice be optional, allowing RNs to choose whether or not they can wear uniforms that are below the elbow.

Based upon evidence, the hospital has adopted a "bare below the elbows" approach, which was unanimously recommended by the cross-sectional group of nursing staff for adoption with the recommendation to remove long sleeves, watches, and bracelets in order to enhance hand washing in order to increase personnel and patient safety. By creation of bare forearms, enhanced hand washing evidence supports we will decrease microbes on wet surfaces (e.g. cuffs) and therefore decrease sites for opportunistic microbial growth. Logic and practice in surgical areas has taught us that the pre-surgical scrub involves clear forearms and hands. This research has been in vogue for decades and research now supports the same in all patient care areas.

As such, the hospital will be enforcing "bare below the elbows" and providing uniforms that are in line with that approach. RNs have the option of wearing long sleeve jackets, provided in the catalog that they can wear-between episodes of patient care.

**Jewelry:** The union is requesting that wedding rings of all kind (bands, bands with stones etc.) be allowed to be worn, and left as voluntary if an RN chooses to remove while delivering patient care.

After careful consideration of this request from nurses throughout the medical center; we have decided to implement a direct care giver task force. This task force will review the literature, evidence and research as well as enter into discussion with other leaders in infection prevention. As a result of their findings, the task force will make a recommendation to management on the policy regarding the wearing of rings for patient care. Therefore, while we encourage caregivers to modify the use of rings while providing patient care, we will delay further implementation based on the findings of the task force.



2. **Snap front uniforms tops:** The union is requesting that snap front uniform tops be offered as an option from the catalog.

We are currently in the process of working with the vendor to see if snap front uniform tops can be available as an option.

3. **Health alert bracelets:** The union is requesting that health alert bracelets be allowed to be worn.

As part of the "bare below the elbow" philosophy, bracelets of any kind will be prohibited. If necessary, RNs can wear a health alert necklace.

4. **Badge reel:** The union is requesting that RNs should be able to choose the type of badge reel to wear, including those that display a CNA logo.

It is the Hospital's position that Badge reels will be provided by the Hospital and should be uniform in nature, reflecting the Hospital's branding.

5. **Watches:** The union is requesting that RNs should be allowed to wear a wrist watch.

As part of the "bare below the elbow" philosophy, wrist watches will be prohibited. As part of the approved inventory for purchase, lapel watches are available for RNs in lieu of a wrist watch.

We believe that this letter and the enclosed information more than adequately responds to the Union's requests. The Long Beach Campus has implemented the Dress Code and Infection Prevention Policies and Procedures as of December 1, 2014.

Sincerely,

*Sue Crockett*

Program Director, Workforce Strategy



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 21  
888 S Figueroa St Fl 9  
Los Angeles, CA 90017-5449

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (213)894-5200  
Fax: (213)894-2778



Download  
NLRB  
Mobile App

December 5, 2014

MEMORIALCARE HEALTH SYSTEM D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER  
2801 ATLANTIC AVENUE  
LONG BEACH, CA 90806

Re: MEMORIALCARE HEALTH SYSTEM  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-142289

Dear Sir or Madam:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Compliance Officer HECTOR MARTINEZ whose telephone number is (213)894-5184. If this Board agent is not available, you may contact Regional Attorney WILLIAM PATE whose telephone number is (213)894-5206.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, [www.nlrb.gov](http://www.nlrb.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation.

MEMORIALCARE HEALTH SYSTEM - 2 -  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-142289

December 5, 2014

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Procedures:** We strongly urge everyone to submit all documents and other materials (except unfair labor practice charges and representation petitions) by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

MEMORIALCARE HEALTH SYSTEM  
D/B/A LONG BEACH MEMORIAL  
MEDICAL CENTER  
Case 21-CA-142289

- 3 -

December 5, 2014

We can provide assistance for persons with limited English proficiency or disability.  
Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,



OLIVIA GARCIA  
Regional Director

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

OG/hta



INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER 44 U.S.C. 3612

DO NOT WRITE IN THIS SPACE

Case  
21-CA-142289Date Filed  
12-4-14

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

MemorialCare Health System, d/b/a Long Beach Memorial Medical Center

b. Tel. No. 562-933-2000

c. Cell No.

f. Fax No.

g. e-Mail

h. Number of workers employed  
10,000 +

d. Address (Street, city, state, and ZIP code)

2801 Atlantic Avenue  
Long Beach, CA 90808

e. Employer Representative

Barry Arbuckle, Ph.D.  
President and CEO

i. Type of Establishment (factory, mine, wholesaler, etc.)

Acute Care Hospital

j. Identify principal product or service

Healthcare

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5)

of the National Labor Relations Act, and these unfair labor

practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

## 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the past six months and continuing to date, the above-named Employer, by its officers, agents and other representatives, has refused to bargain over the dress code policy; and about December 1, 2014, the Employer implemented material, substantial and significant unilateral changes to the dress code policy when the parties were not at a lawful impasse.

By these and other acts, the above-named Employer, through its officers, agents and representatives, has interfered with, restrained and coerced its employees in the exercise of the rights guaranteed in Section 7 of the Act.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

California Nurses Association/National Nurses United (CNA/NNU)

4a. Address (Street and number, city, state, and ZIP code)

2000 Franklin Street  
Oakland, CA 94612

4b. Tel. No. 510-273-2200

4c. Cell No.

4d. Fax No. 510-663-4822

4e. e-Mail

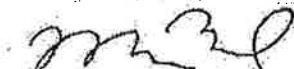
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

AFL-CIO

## B. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



(signature of representative or person making charge)

Micah Berul, In-House Counsel

(Print type name and title or office, if any)

Tel. No. 510-273-2282

Office, if any, Cell No.

Fax No. 510-663-4822

e-Mail

mberul@calnurses.org

Address 2000 Franklin Street, Oakland, CA 94612

12/04/14

(Date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Revised 3/21/2011		NATIONAL LABOR RELATIONS BOARD	
<b>QUESTIONNAIRE ON COMMERCE INFORMATION</b>			
Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.			
CASE NAME MEMORIALCARE HEALTH SYSTEM D/B/A LONG BEACH MEMORIAL MEDICAL CENTER			CASE NUMBER 21-CA-142289
<b>1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)</b>			
<b>2. TYPE OF ENTITY</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER (Specify )			
<b>3. IF A CORPORATION or LLC</b>			
A. STATE OF INCORPORATION OR FORMATION		B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES	
<b>4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS</b>			
<b>5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR</b>			
<b>6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).</b>			
<b>7. A. PRINCIPAL LOCATION:</b>		<b>B. BRANCH LOCATIONS:</b>	
<b>8. NUMBER OF PEOPLE PRESENTLY EMPLOYED</b>			
A. Total:		B. At the address involved in this matter:	
<b>9. DURING THE MOST RECENT (Check appropriate box):</b> <input type="checkbox"/> CALENDAR YR <input type="checkbox"/> 12 MONTHS or <input type="checkbox"/> FISCAL YR (FY dates )			
			YES NO
A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$			
B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$			
C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$			
D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$			
E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$			
F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$			
G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$			
H. Gross Revenues from all sales or performance of services (Check the largest amount): <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 or more If less than \$100,000, indicate amount.			
I. Did you begin operations within the last 12 months? If yes, specify date: _____			
<b>10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, name and address of association or group).			
<b>11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS</b>			
NAME	TITLE	E-MAIL ADDRESS	TEL. NUMBER
<b>12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE</b>			
NAME AND TITLE (Type or Print)	SIGNATURE	E-MAIL ADDRESS	DATE
<b>PRIVACY ACT STATEMENT</b>			
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.			



FORM-NLRB 4701  
(Revised 1/2003 kd)

## NATIONAL LABOR RELATIONS BOARD

## NOTICE OF APPEARANCE

MEMORIALCARE HEALTH SYSTEM, D/B/A  
LONG BEACH MEMORIAL MEDICAL CENTER

Charged Party

and

CALIFORNIA NURSES  
ASSOCIATION/NATIONAL NURSES UNITED  
(CNA/NNU)

Charging Party

Case 21-CA-142289

TO: (Check One Box Only)<sup>1</sup>

☒ REGIONAL DIRECTOR  
NLRB, Region 21

☐ EXECUTIVE SECRETARY  
National Labor Relations Board  
Washington, DC 20570

☐ GENERAL COUNSEL  
NATIONAL LABOR RELATIONS BOARD  
Washington, DC 20570

THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATIVE OF \_\_\_\_\_

IN THE ABOVE-CAPTIONED MATTER.

CHECK THE APPROPRIATE BOX(ES) BELOW:

☐ REPRESENTATIVE IS AN ATTORNEY

☐ IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE THAT THE PARTY MAY RECEIVE COPIES OF CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN ADDITION TO THOSE DESCRIBED BELOW, THIS BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY WILL RECEIVE ONLY COPIES OF CERTAIN DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMENTS AS DESCRIBED IN SECTIONS 102.14 AND 102.113 OF THE BOARD'S RULES AND REGULATIONS.

## (REPRESENTATIVE INFORMATION)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OFFICE TELEPHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

FAX: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Please sign in ink)

DATE: \_\_\_\_\_

<sup>1</sup> IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.

FORM NLRB-4541  
(9-03)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**NOTICE: PARTIES INVOLVED IN AN INVESTIGATION OF AN UNFAIR LABOR PRACTICE CHARGE SHOULD BE AWARE OF THE FOLLOWING PROCEDURES:**

***Right to be Represented*** - Any party has the right to be represented by an attorney or other representative in any proceeding before the National Labor Relations Board. If you wish to have a representative appear on your behalf, please have your attorney or other representative complete Form NLRB-4701, Notice of Appearance, and forward it to the respective Regional Office as soon as a representative is chosen.

***Attorneys and Service of Documents*** - If your representative is an attorney, such attorney will receive exclusive service of all documents, except that you and your attorney will both receive those documents described in Sec. 11842.3(a) of the Casehandling Manual. However, your attorney may consent to have additional documents or correspondence served on you by making the appropriate designation on Form NLRB-4701, Notice of Appearance.

***Non-Attorney Representatives and Service of Documents*** - If your representative is not an attorney, you and your representative may receive copies of all documents and correspondence.

***Impartial Investigation*** - Upon receipt of a charge, the Regional Office will conduct an impartial investigation to obtain all material and relevant evidence. Your active cooperation in making witnesses available and stating your position will be most helpful to the Region in determining whether the charge has merit. The Region may also contact and interview other relevant witnesses and parties.

If only the charging party cooperates in the investigation, its evidence may warrant issuance of complaint in the absence of the charged party's defenses. Thus, the charged party is encouraged to fully cooperate and present all available evidence and its defenses. The Region seeks such relevant evidence from all parties to reach an informed determination and help resolve the matter, whether or not the case has merit, at the earliest possible time.

***Withdrawal/Dismissal*** - If the Regional Director determines that the charge lacks merit, the charging party is offered the opportunity to withdraw. Should the charging party not withdraw the charge, the Regional Director will dismiss the charge and advise the charging party of the right to appeal the dismissal to the General Counsel.

***Pre-Complaint Voluntarily Adjustment*** - If the Regional Director determines that the charge has merit, all parties are afforded an opportunity to settle the matter by voluntary adjustment. It is our policy to explore and encourage voluntary adjustment before proceeding with costly and time-consuming litigation before the Board and courts.

***Complaint and Voluntary Adjustment*** - If, following the investigation, the Regional Director determines that there is merit to the charge and a voluntary adjustment is not reached, the Regional Director will issue a complaint and notice of hearing. The hearing will be conducted before an administrative law judge who will issue a decision and recommendation to the Board in Washington, D.C. However, issuance of a complaint does not preclude voluntary adjustment by the parties. On the contrary, at any stage of the proceeding the Regional Director and staff will be available to provide any assistance in arriving at an appropriate settlement.



(Revised 10/26/2009)

Attachment

## **ELECTRONIC FILINGS THROUGH THE AGENCY'S WEBSITE AND EMAIL COMMUNICATION WITH BOARD AGENTS**

**ELECTRONIC FILING OF DOCUMENTS WITH THE AGENCY:** All Regional Offices are in the process of creating an electronic investigative case file that contains electronic copies of all documents in the paper case file. This electronic case file initiative is a central component of the Agency's development of a new case management system called NxGen. When the NxGen system is deployed throughout the Agency, this system will provide parties greater access to public information about pending cases. To facilitate this important initiative, the Agency strongly urges all parties to submit documents and other materials (except unfair labor practice charges and representation petitions) through the Agency's E-Filing system on its website: <http://www.nlr.gov>.

On the home page of the Agency's website, click on the "E-Gov" tab, select **E-Filing**, and follow the detailed instructions. The following documents may be filed electronically through the Agency's website:

- Answer to Complaint or Compliance Specification. However, if the electronic version of an Answer to a Complaint or a Compliance Specification is not in a pdf format that includes the signature of the party or its representative, the original answer containing the required signature must be submitted to the Regional Office by traditional means within three (3) business days after the date of electronic filing.
- Appeal Filings to the Office of the General Counsel
- Briefs
- Disclaimer of Interest
- EAJA Applications
- Evidence
- *Excelsior* List
- Exceptions or Cross Exceptions
- Extension of Time Request
- Motions and Oppositions to Motions
- Notice of Appearance
- Objections to an Election
- Petition to Revoke a Subpoena or Response
- Position Statement
- Request for Review
- Request for Special Permission to Appeal
- Request to Proceed
- Withdrawal Request

**E-FILINGS MUST BE TIMELY:** The Agency will accept electronic filings up to 11:59 p.m. in the time zone of the receiving office on the due date. Filings accomplished by any other means must comply with the requirements of Section 102.111 of the Board's Rules and Regulations.

- A document will be considered timely filed if the E-Filing receipt reflects that the entire document was received by the Agency's E-Filing system before midnight local time on the due date. (Midnight is considered the beginning of a new day.) Filings accomplished by any other means such as mail, personal delivery, or facsimile (if allowed), must be received by the close of business in the receiving office on the due date.
- Unlike the Federal Courts, the Agency does not add 3 days to any due date regardless of the manner the document to which the filer is responding was served.
- Although the Agency's E-Filing system is designed to receive filings 24 hours per day, parties are strongly encouraged to file documents in advance of the filing deadline and during the normal business hours of the receiving office, in the event problems are encountered and alternate means of filing become necessary.
- The receiving office's staff will respond to non-technical questions regarding the E-Filing system during normal business hours. For technical problems, please refer to the E-Filing FAQ or send an email to [e-filing@nlrb.gov](mailto:e-filing@nlrb.gov). If you wait until after the close of business to attempt to E-File and encounter problems, no one will be available to assist you.
- Technical Failure. If the Agency's E-Filing system is unable to receive documents for a continuous period of more than 2 hours after 12 noon (Eastern Time), the site will be declared to be in technical failure. Notice of the technical failure determination will be posted on the website as soon as possible. Scheduled service, system maintenance or upgrades, or when the system will be unavailable to receive filings, will also be posted. If the system is determined to be in technical failure on the due date for the filing of a document and the failure prohibited a party from E-Filing, the document must be filed by 5:00 p.m. (Eastern Time) on the next business day.
- User Problems. Problems with a user's telephone lines, internet service provider, hardware, or software; user problems in understanding or following the E-Filing instructions; or rejection of a document because it contains a virus do not constitute a technical failure and will not excuse an untimely filing. A filer who cannot E-File a document because of any of these user problems must file conventionally and timely. The Agency's offices have no lobby facilities for filing after the close of business. Thus, a user who waits until after close of business on the due date to attempt to E-File does so at his/her peril. If you are unsure whether the problem is a technical failure or a user problem, assume it is a user problem.
- If a timely, conventional filing is impossible because a user problem developed after close of business on the due date, the user should attempt to E-File using another computer with internet access, such as another computer in the office, a home computer, a computer at a public library, or a computer at a commercial business service center.

**ELECTRONIC FILING IS A THREE-STEP PROCESS:** Electronic filing is not complete until all three steps of the process are completed: (1) entering your data and uploading your document(s); (2) reviewing and confirming your submission; and (3) receiving your receipt with confirmation number.

**PREFERRED DOCUMENT FORMAT IS PDF:** The preferred format for submitting documents using E-Filing is Adobe's Portable Document Format (\*.pdf). However, in order to make the Agency's E-Filing system more widely available to the public, persons who do not have the ability to submit documents in PDF format may submit documents in Microsoft Word format (\*.doc). Persons who do not have the ability to submit documents in either PDF or Microsoft Word format may submit documents in simple text format (\*.txt). Regardless of the format, all documents E-Filed with the Agency must be submitted in a "read-only" state.

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# MEMORIALCARE HEALTH SYSTEM, D/B/A LONG BEACH MEMORIAL MEDICAL CENTER

**Case Number:** 21-CA-142289**Date Filed:** 12/04/2014**Status:** Closed on 01/30/2015**Location:** LONG BEACH, CA**Region Assigned:** Region 21, Los Angeles, California**Reason Closed:** Withdrawal Adjusted

## Docket Activity

<u>Date</u>	<u>Document</u>	<u>Issued/Filed By</u>
01/30/2015	Letter Approving Withdrawal Request*	NLRB - GC
12/05/2014	Initial Letter to Charging Party*	NLRB - GC
12/05/2014	Initial Letter to Charged Party*	NLRB - GC
12/04/2014	Signed Charge Against Employer*	NLRB - GC

The Docket Activity list does not reflect all actions in this case.

\* This document may require redactions before it can be viewed. To obtain a copy, please file a request through our FOIA Branch.

## Allegations

- 8(a)(5) Refusal to Bargain/Bad Faith Bargaining (incl'g surface bargaining/direct dealing)

## Participants

<u>Participant</u>	<u>Address</u>	<u>Phone</u>
<b>Charging Party</b> <i>Union</i> CALIFORNIA NURSE ASSOCIATION/NATIONAL NURSES UNITED (CNA/NNU)	OAKLAND, CA 94612	
<b>Charging Party</b> <i>Additional Service</i> CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES UNITED (CNA/NNU)	GLENDALE, CA 91204	
<b>Charging Party</b> <i>Additional Service</i> CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES UNITED (CNA/NNU)	GLENDALE, CA 91204	
<b>Charged Party / Respondent</b> <i>Employer</i> MEMORIALCARE HEALTH SYSTEM, D/B/A LONG BEACH MEMORIAL MEDICAL CENTER	LONG BEACH, CA 90806	

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